

STATE RESOURCES AND SERVICES
Related to
ALCOHOL AND DRUG ABUSE PROBLEMS
Fiscal Year 1986

An Analysis of State Alcohol and Drug Abuse
Profile Data

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A Report for the
National Institute on Alcohol Abuse and Alcoholism
and the
National Institute on Drug Abuse

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STATE ALCOHOL AND DRUG ABUSE DIRECTORS
AND CONTACT PERSONS FOR THE
1986 STATE ALCOHOL AND DRUG ABUSE PROFILE (SADAP)

STATE

ALABAMA
ALASKA
AMERICAN SAMOA
ARIZONA (ALCOHOL)
ARIZONA (DRUG)
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT
DELAWARE
DISTRICT OF COLUMBIA
FLORIDA
GEORGIA
HAWAII
IDAHO
ILLINOIS
INDIANA
IOWA
KANSAS
KENTUCKY
LOUISIANA
MAINE
MARYLAND (ALCOHOL)
MARYLAND (DRUG)
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
MONTANA
NEBRASKA
NEVADA
NEW HAMPSHIRE
NEW JERSEY (ALCOHOL)
NEW JERSEY (DRUG)
NEW MEXICO (ALCOHOL)
NEW MEXICO (DRUG)
NEW YORK (ALCOHOL)
NEW YORK (DRUG)
NORTH CAROLINA
NORTH DAKOTA
OHIO (ALCOHOL)
OHIO (DRUG)
OKLAHOMA
OREGON
PENNSYLVANIA
PUERTO RICO
RHODE ISLAND
SOUTH CAROLINA
SOUTH DAKOTA
TENNESSEE
TEXAS
UTAH
VERMONT
VIRGIN ISLANDS
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN
WYOMING

DIRECTORS

KEN WILLIS
MATTHEW FELIX
FUALAAU HANIPALE
GWEN SMITH
EDWARD ZBOROWER
PAUL BEHNKE
CHAUNCEY VEATCH III
ROBERT AUKERMAN
DONALD MCCONNELL
SARA TAYLOR ALLSHOUSE
SIMON HOLLIDAY
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PATRICIA REDMOND
JOYCE INGRAM-CHINN
RAY WINTERROWD
WILLIAM T. ATKINS
JOSEPH E. MILLS III
JANET IWICK
DR. JAMES A. MCHENRY, JR.
MICHAEL TOWNSEND
VERN C. RIDGEWAY
NEILL MINER
JOHN BLAND
HOWARD B. SILVERMAN
DAVE MULLIGAN
DR. ROBERT BROOK
DR. CYNTHIA TURNURE
ANNE D. ROBERTSON
LOIS OLSON
ROBERT ANDERSON
DR. CECILIA DOUTHY WILLIS
RICHARD HAM
GERALDINE SYLVESTER
RILEY REGAN
RICHARD RUSSO
ARTURO RANGEL
ELLEN COSTILLA
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JOHN S. GUSTAFSON
THOMAS F. MIRIELLO
JOHN J. ALLEN
WAYNE LINDSTROM
SUSAN L. SRNEC
TOM STANITIS
JEFFREY KUSHNER
LUCILLE FLEMING
ISABEL SULIVERES DE MARTINEZ
WILLIAM PIMENTEL
WILLIAM J. MCCORD
ROBERT E. ANDERSON
ROBERT CURRIE
ROSS NEWBY
LEON POVEY
RICHARD POWELL II
DR. CORINNE A. ALLEN
WAYNE THACKER
GLEN MILLER
JACK CLOHAN, JR.
LARRY W. MONSON
JEAN DEFRATIS

CONTACT PERSONS

MOLLY BROOMS
MATTHEW FELIX
CATHY PAUL
GWEN SMITH
EDWARD ZBOROWER
WILLIAM E. BOHANNON
SUSAN NISENBAUM
BRUCE MENDELSON
JULIANNE KONOPKA
SARA TAYLOR ALLSHOUSE
CHARLES AVERY
LINDA N. LEWIS
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RICHARD SCHAHL
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EDWARD DEFRANCO
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THOMAS F. MIRIELLO
JOHN J. ALLEN
LARRY ISCH
RUDY HOLLIDAY
RITA BYRAM
JEREAL W. HOLLEY
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HIGHLIGHTS

The State Alcohol and Drug Abuse Agencies voluntarily submit a broad spectrum of fiscal, client and other service data on an annual basis to the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). These data are submitted via the State Alcohol and Drug Abuse Profile (SADAP) data collection effort. With financial support from the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), NASADAD staff have prepared a detailed analysis of these data. Recently, NASADAD analyzed Fiscal Year (FY) 1986 data reported by the States.

The financial and client data provided by the State Alcohol and Drug Abuse Agencies apply to only those units and programs "which received at least some funds administered by the State Alcohol/Drug Agency". All fifty States, the District of Columbia, Puerto Rico, American Samoa, and the Virgin Islands participated in the FY 1986 State Alcohol and Drug Abuse Profile (SADAP).

Highlights from the FY 1986 SADAP study indicate that:

- o Expenditures for alcohol and drug abuse treatment and prevention services totaled over \$1.6 billion.
- o Of the total expenditures, States provided \$844.6 million or 51.6 percent, while Federal sources provided \$300.4 million or 18.3 percent, county or local sources contributed \$153.4 million or 9.3 percent and other sources (e.g., private health insurance, court fines, client fees or assessments for treatment imposed on intoxicated drivers) contributed \$339.9 million or 20.7 percent.
- o Approximately 73.4 percent of the total monies were expended for treatment services; 11.4 percent for prevention services; 9.9 percent for other activities (e.g., training, research, administration); and 5.5 percent not reported.
- o A total of 6,226 alcohol and/or drug treatment units received funds administered by the State Alcohol and Drug Abuse Agencies in FY 1986. Of the total units, 2,042 were identified as alcohol units, 1,522 as drug units and 2,662 were identified as combined alcohol/drug treatment units.
- o The total alcohol client treatment admissions reported by 50 States, the District of Columbia, American Samoa, Puerto Rico, and the Virgin Islands were over 1.2 million; over 72 percent of the client

admissions were to non-hospital treatment units; alcohol client admissions were 75.4 percent male; 21.4 percent between the ages of 25 - 34; and 68.9 percent White, 15.5 percent Black and 6.2 percent Hispanic.

- o A total of 45 States, the District of Columbia, the Virgin Islands, and Puerto Rico reported total drug client admissions of 385,593. Also, 72.2 percent of the client admissions were for outpatient services; 64.7 percent were male; 8.2 percent under the age of 18; 49.8 percent White; 20.7 percent Black; and 9.5 percent Hispanic.
- o Heroin was identified in overall reporting as the leading primary drug of abuse as in FYs 1984 and 1985. Over the two year period from FY 84 to FY 86, cocaine admissions more than doubled.
- o For the first time, States were asked to provide estimates relating to intravenous (IV) drug abuse. Estimates of the number of IV drug abuser client treatment admissions ranged from a high of 16,403 in California to a low of 25 in Vermont.
- o Seventeen States provided data on the total number of IV drug abusers in their State. The highest estimates of IV drug abusers were provided by New York (260,000), California (220,000) and Texas (159,264).
- o In response to a request for the top three policy issues, States identified funding and resource allocation; services for adolescents and women; and prevention and education services.
- o Narrative responses received from the 50 States, the District of Columbia, American Samoa, Puerto Rico and the Virgin Islands confirmed that there were major needs in the areas of prevention and/or treatment for which adequate resources were not available. States identified a need to meet the requirements of special populations, such as minorities, dually-diagnosed clients, the elderly, and persons with AIDS.
- o Significant changes in services that occurred during FY 1986 and were reported by the States related to an increase or decrease in a State's financial resources; the impact of new State legislation on the service delivery system; prevention program efforts; and changes in programs for women and youth.

EXECUTIVE SUMMARY

In September, 1984, the National Institute on Drug Abuse (NIDA), with support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), entered into a three year contractual relationship with the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to ensure the continued availability and analysis of data from the States. The contract provides support for the analysis of data voluntarily submitted by the States from existing sources of information on alcohol and drug abuse funding and services. This cooperative Federal-State effort responds to recent Congressional mandates and ensures that the Institutes and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) have the information necessary to exercise a strong national leadership role with regard to alcohol and drug abuse program needs and services.

In the first year of the State Alcohol and Drug Abuse Profile (SADAP) data contract all 50 States, the District of Columbia and Puerto Rico provided at least some information on alcohol and drug abuse resources and services in their States for Fiscal Year (FY) 1984. The information provided was analyzed and a comprehensive report was developed based on that information. With the cooperation of both Federal and State officials, the SADAP data collection format and process have been continually refined and improved.

Last year, data on alcohol and drug abuse services, programs, resources and needs in FY 1985 were collected, analyzed and presented in a comprehensive report.

This report presents and analyzes the results of the State Alcohol and Drug Abuse Profile (SADAP) data for the States' 1986 Fiscal Year (FY). All 50 States, the District of Columbia, American Samoa, Puerto Rico, and the Virgin Islands cooperated and contributed information on resources, services and needs related to alcohol and drug abuse problems within their States. The remaining information is categorized into the following eight areas: funding levels and sources; client admission characteristics; intravenous (IV) drug abuse; State model product availability; program licensure, certification and approval activities; top policy issues; major unmet needs; and significant changes in treatment and/or prevention services.

Funding Levels and Sources

The total reported expenditures within 50 States, the District of Columbia, American Samoa, Puerto Rico, and the Virgin Islands for alcohol and drug services in those programs receiving at least some State administered funds during the State's 1986 Fiscal Year (FY) were over \$1.6 billion. As

illustrated in Figure 1, this total includes \$751.7 million (45.8 percent) from State Alcohol and Drug Agency sources, \$95.5 million (5.8 percent) from other State agency sources, \$257 million (15.7 percent) from the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant, \$43.5 million (2.6 percent) from other Federal government sources, \$153.4 million (9.3 percent) from county or local agency sources, and \$339.9 million (20.7 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

It should be emphasized that the data provided do not include information on those programs that did not receive any funding from the State Alcohol and Drug Agencies in FY 1986. These programs would include most, if not all, private for-profit programs; some county and local government programs; and most Federal government programs such as the Veterans' Administration. Therefore, the overall fiscal data contained in this report are conservative in nature, and, to some degree, underestimate funding expenditures by other departments of State and Federal government and by private, non-State agency supported alcohol and drug abuse treatment and prevention programs.

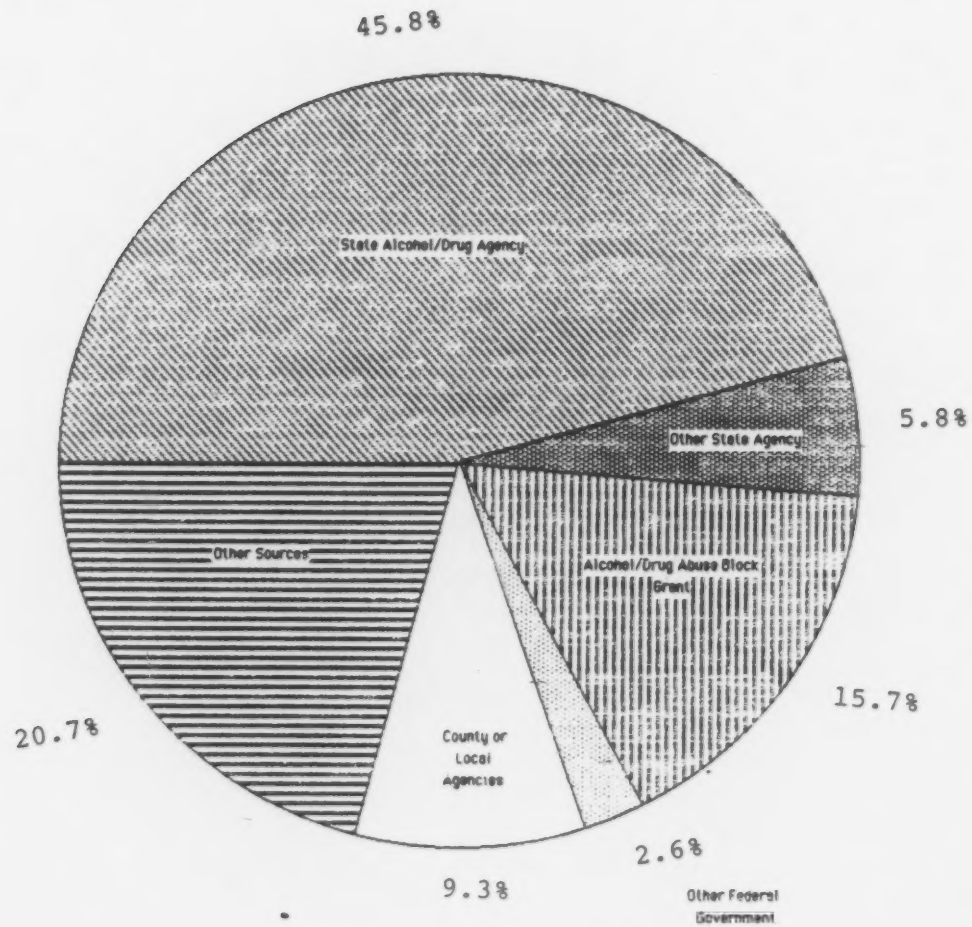
Although the specific levels of fiscal support contributed by different sources vary considerably among the States, the single largest source of funding during FY 1986 for alcohol and drug services was State monies. In 44 States and Territories, State Alcohol and Drug Agency monies constituted the largest source of funding, while in the District of Columbia, other State revenues were the largest source of support. The ADMS Block Grant was the largest revenue source in seven States and Territories. Among the remaining two States, county and local monies constituted the largest source of funds in one State and in one State the largest revenue source was provided by other sources.

Approximately 73.4 percent of the funds were expended for treatment services, 11.4 percent for prevention services, 9.9 percent for other activities (e.g., training, research, administration) and 5.5 percent not reported. (See Figure 2)

The State Agencies identified a total of 6,226 alcohol and/or drug treatment units to which they provided at least some funding in FY 1986. In terms of treatment orientation, 2,662 of the units provided combined alcohol/drug treatment services, while 2,042 focused on alcoholism services and 1,522 concentrated on drug dependency services.

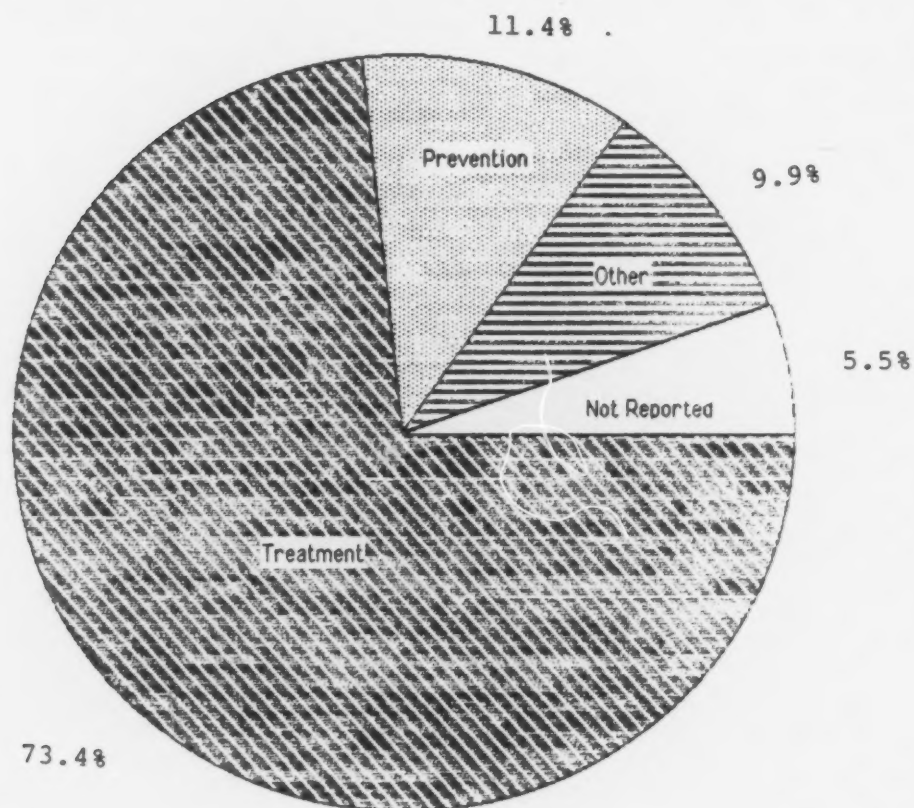
Comparisons of financial expenditures reported by the States in this year's SADAP with data collected for FY 1985 are provided. However, comparisons of data collected in

FIGURE 1
EXPENDITURES FOR STATE SUPPORTED ALCOHOL
AND DRUG ABUSE SERVICES BY FUNDING SOURCE
FOR FISCAL YEAR 1986



SOURCE: State Alcohol and Drug Abuse Profile, FY 1986; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1986"

FIGURE 2
EXPENDITURES FOR STATE SUPPORTED ALCOHOL
AND DRUG ABUSE SERVICES BY TYPE OF
PROGRAM ACTIVITY FOR FISCAL YEAR 1986



SOURCE: State Alcohol and Drug Abuse Profile, FY 1986; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1986".

Fiscal Years 1982-1984 are not appropriate. Such comparisons would be misleading since there have continued to be changes instituted in the specific wording of questions related to States' fiscal resources.

Client Admission Characteristics

The total alcohol client treatment admissions reported by 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands exceeded 1.2 million (1,220,331), including 881,193 (72.2%) client admissions to non-hospital treatment units. Hospitals were used by over 43 percent of those clients who required detoxification services. Nearly 71 percent of client admissions for rehabilitation/residential services were to non-hospital facilities. Over 94 percent of client admissions to outpatient services were also to non-hospital facilities. In 48 States, the District of Columbia, American Samoa and the Virgin Islands which reported admissions data by sex, over 75 percent of the alcohol client admissions were male. Other alcohol client admissions characteristics in terms of age were as follows: 2.7 percent under age 18; 3.8 percent 18-20; 8.1 percent 21-24; 21.4 percent 25-34; 18.7 percent 35-44; 9.6 percent 45-54; 4.8 percent 55-64; 1.5 percent age 65 and over; and 29.4 percent not reported. In terms of race/ethnicity, alcohol client admissions were as follows: 68.9 percent White, not of Hispanic origin; 15.5 percent Black, not of Hispanic origin; 6.2 percent Hispanic; .3 percent Asian or Pacific Islander; 3.0 percent American Indian or Alaskan Native; .2 percent Other; and 5.9 percent not reported.

The total drug client treatment admissions reported by 45 State Agencies, the District of Columbia, the Virgin Islands and Puerto Rico were 385,593. With regard to 364,773 drug client admissions that could be categorized by environment, State Agencies reported 17,727 (4.6%) admissions to hospitals, 68,678 (17.8%) to residential facilities and 278,368 (72.2%) to outpatient environments. The 20,820 admissions not specified as to environment represent 5.4% of total admissions. In terms of treatment modality, 45,236 client admissions were for detoxification, 38,294 were for maintenance and 281,243 for drug-free types of treatment services. Of 46 States, the District of Columbia, the Virgin Islands, and Puerto Rico which reported admissions data by sex, nearly 65 percent of the drug client admissions were male. Other drug client admissions characteristics in terms of age were as follows: 8.2 percent under age 18; 6.0 percent 18-20; 10.8 percent 21-24; 27.4 percent 25-34; 9.7 percent 35-44; 2.0 percent 45-54; .6 percent 55-64; .2 percent age 65 and over; and 35.2 percent not reported.

In terms of race/ethnicity, drug client admissions, as reported by 45 States, the District of Columbia, Puerto Rico, and the Virgin Islands were as follows: 49.8 percent White,

not of Hispanic origin; 20.7 percent Black, not of Hispanic origin; 9.5 percent Hispanic; .4 percent Asian or Pacific Islander; 1.1 percent American Indian or Alaskan Native; .2 percent Other; and 18.3 percent not reported.

Intravenous (IV) Drug Abuse

For the first time, States were asked to provide estimates relating to intravenous (IV) drug abuse for Fiscal Year 1986 for the total number of client admissions to treatment and for the total number of IV drug abusers in the State. There were 18 responses to the total number of drug treatment admissions, which ranged from a high of 16,403 in California to a low of 25 in Vermont.

Seventeen States provided data on the total number of IV drug abusers in the State. The highest estimates of IV drug abusers were provided by New York (260,000), California (220,000), and Texas (159,264).

State Model Product Availability

In order to identify current model product availability within each State, the Agencies were asked to list products that would be of interest to other States and that could possibly either be replicated or used in other States. A total of 52 State Agencies responded and reported major product categories which include model prevention plans; model treatment plans; program certification and licensing plans; counselor certification and licensing plans; program monitoring systems; and needs assessment survey methodologies.

Program Licensure, Certification and Approval Activities

In response to the question. "Does your State Alcohol/Drug Agency license, certify or otherwise approve the operation of service programs in your State?", all State Agencies replied in the affirmative except Louisiana, New Hampshire, and American Samoa. Licensing is the type of program approval procedure utilized most often by State Alcohol and Drug Agencies.

Top Policy Issues

Fifty States, the District of Columbia, Puerto Rico and the Virgin Islands identified policy questions and issues currently being considered at the State level. The most frequently mentioned policy issues fell into these categories: funding and resource allocation (29 States); services for adolescents and women (19 States); and prevention and education services (16 States).

Major Unmet Needs

Fifty States, the District of Columbia, American Samoa, Puerto Rico and the Virgin Islands indicated that major needs were identified through their most recent State planning process for which resources were not adequate to meet those needs. Most States submitted narrative responses describing these unmet needs. In addition to the need for a general increase in funds to support treatment and prevention services, the States indicated other specific needs including increased services to youth and women, as well as a variety of special population groups including ethnic minorities, the dually-diagnosed clients, intravenous drug abusers diagnosed as having AIDS, the homeless, and the elderly. In addition, many States identified the need to expand detoxification services, increase program staff positions and raise salaries.

Significant Changes in Treatment and/or Prevention Services

The State Alcohol and Drug Agencies were also asked to provide a narrative description of any significant changes in services that occurred during FY 1986 and the reasons for such changes. A total of 51 narrative responses were received. The scope of the narrative comments related to either increases or decreases in funding support for treatment services, new program initiatives, intoxicated driver legislation and services, prevention programs and services, changes in services for women and youth and new programs for the AIDS at-risk population.

I. INTRODUCTION

Alcohol and drug abuse and dependency constitute major public health problems for the nation. During 1983, the most recent year for which cost data are available, the economic costs of these problems totaled over \$176 billion. ^{1/} These enormous problems must be addressed at all levels of government. At a Federal level, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) have been authorized to provide national leadership on alcohol and drug issues. A significant portion of this responsibility focuses on the task of monitoring various indicators of alcohol and drug abuse, including information on treatment and prevention services and funding resources.

At a State level, the State Alcohol and Drug Agencies have administrative responsibility for the allocation and effective utilization of Federal and State monies specifically targeted for alcohol and drug treatment and prevention services. In order to effectively and efficiently carry out these tasks, each State Agency collects relevant information on needs, services and resources. This information assists the States in their ongoing planning, monitoring and service delivery functions.

Prior to 1982, NIAAA and NIDA were the repositories of detailed information from States and programs on alcohol and drug treatment and prevention services and clients. Data were reported to the Federal level by the States and/or individual programs as a condition of receipt of the Federal alcohol and drug formula grant and project grant funds. However, when the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant was authorized by Public Law 97-35 in 1981, the requirement for the provision of detailed data from the States and individual programs was no longer mandated.

Nevertheless, the continued importance and need for some national data on alcohol and drug treatment and prevention programs, services and clients was recognized at both the Federal and State levels. The Senate Committee on Labor and Human Resources included language in its report on the Alcohol and Drug Abuse Amendments of 1983 that referred to data collection as "an important national leadership responsibility of the Institutes". The Committee specifically encouraged the Institutes to acquire "alcoholism and drug program data from information systems in each State". The Congress eventually directed the Secretary of the Department of Health and Human Services, through the Administrator of ADAMHA to:

^{1/} Harwood, Henrick; et.al. Economic Cost to Society of Alcohol, Drug Abuse and Mental Illness: 1983. Research Triangle Institute.

conduct data collection activities with respect to such programs, including data collection activities concerning the types of alcoholism, alcohol abuse, drug abuse and mental health treatment and prevention activities conducted under such part, the number and types of individuals receiving services under such programs and activities, and the sources of funding (other than funding provided under such part) for such programs and activities. (Section 1920) (42 U.S.C. 300 x)

Part B, Title XIX of the Public Health Services Act further requires that "The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services."

In order to meet the Congressional mandates for continuing data collection activities and to be able to respond knowledgeably to questions regarding the availability of prevention, intervention and treatment resources to deal with alcohol and drug abuse, the Federal government has sought to maintain minimal data which are accurate and updated on a regular basis.

Since 1982, NASADAD has demonstrated its capability to effectively and efficiently gather, analyze and present uniform information on alcohol and drug abuse treatment and prevention resources and clients. Necessary data have been provided by the States and these activities have been supported by NIAAA, NIDA and the States. The States' willingness to provide NASADAD with information on alcohol and drug treatment and prevention services, resources and clients is evidenced by the successful outcome of previous contract efforts which included State data from Fiscal Years 1982, 1983 and 1984.

On September 18, 1984, NIDA and NIAAA again entered into a contractual relationship with NASADAD to continue support of a cooperative Federal/State national data strategy (Contract No. ADM 271-84-7314). As a key part of this contract, NASADAD is working with both the Institutes and the States to assess, define and voluntarily provide information on alcohol and drug abuse services, programs, resources, and needs. The data being collected and analyzed by NASADAD are already in existence at the State level. The major tasks being performed by NASADAD are the definition and collection of information in a uniform format from its members, the analysis of the data submitted by each State, the development of meaningful comparisons of data across States and over time, the provision of a comprehensive report on the findings, and the conduct of two special studies per year.

Last year, data on alcohol and drug abuse services, programs, resources and needs in FY 1985 were collected, analyzed and presented in a comprehensive report. The current effort analyzes data from FY 1986 and provides comparisons with data from previous fiscal years.

II. STUDY PURPOSE AND METHODOLOGY

The overall purpose of this study is to ensure the continued availability of selected service and resource information from already existing State sources throughout the United States and the Territories. The specific data elements include, but are not limited to, financial, program, and client data that States are willing to voluntarily submit to assist NIDA and NIAAA in assessing the type of treatment and prevention resources and services provided to drug and alcohol abusers throughout the country.

The major study objectives are:

- o To provide continued support for the implementation of a joint Federal/State national data strategy, through collaboration on the State Alcohol and Drug Abuse Profile (SADAP) and the National Alcoholism and Drug Abuse Program Inventory. State representatives are involved by providing consultation in examining options and developing recommendations for appropriate changes in the scope and content of existing and future efforts to acquire data from the States on a voluntary basis.
- o To annually compile secondary data from the States relating to alcohol and drug abuse services, clients and resources.
- o To automate the editing, storage and analysis of data acquired from the States in prior and current Fiscal Years.
- o To aggregate and analyze the data that are voluntarily submitted by each State, including the development of comparisons and analyses within and across States.

The overall study methodology was defined within a performance plan comprised of four major tasks and related sub-tasks, including the design of data acquisition and analysis plans; development of support materials and procedures; implementation of data acquisition and analysis; and the preparation of numerous project reports.

Subsequent to a meeting in May, 1986 with State and Institute representatives to solicit input and recommendations for the 1986 SADAP form, NASADAD staff developed all necessary support materials. Data collection procedures were implemented in October, 1986 when those support materials were distributed to the State Alcohol and Drug Agency Directors. Attached as Appendix A is a copy of the cover letter, information collection format, and glossary of terms that were sent to each State Alcohol and Drug Agency Director. This

material was followed by written communications to States reminding them of the importance of voluntarily submitting the data. Telephone calls also were made to Directors who had not submitted information within the requested time frame.

The Directors of the State Alcohol and Drug Agencies from 50 States, the District of Columbia, American Samoa, Puerto Rico and the Virgin Islands voluntarily submitted information in response to the request from NASADAD. The data received are summarized and analyzed within the remaining sections of this report. Each State Director was provided a draft copy of the report tables to review and verify the accuracy of all data submitted from his/her State.

III. FUNDING OF ALCOHOL AND DRUG SERVICES

In October 1986, each State Alcohol and Drug (A/D) Agency was asked to provide data on total expenditures for alcohol and drug services by source of funding and type of program activity within the State for Fiscal Year (FY) 1986. Fifty States, the District of Columbia, American Samoa, Puerto Rico and the Virgin Islands responded to this request.

Before presenting and analyzing the findings, it is important to note that, as with any data, these data have a number of inherent limitations. They should not be utilized without an appreciation of the qualifications that apply to them. One major qualification is that the States were asked to report total expenditures for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1986". The data presented do not include information on those programs that do not receive any funding from the State A/D Agency (e.g., most, if not all, private for-profit programs; some private not-for-profit programs; and some public programs). As a result, the overall fiscal estimates contained herein are conservative in nature and, to varying degrees, underestimate funding expenditures by other departments of State government, by Federal agencies such as the Veterans' Administration, and by private, non-State agency supported alcohol and drug abuse treatment and prevention programs.

The financial and related data collected from States are organized within four major subsections:

- o Financial Expenditures by State and Funding Source;
- o Financial Expenditures by Type of Program Activity;
- o Comparison of Financial Expenditures for Fiscal Years 1985 and 1986 by Total Expenditures and Type of Program Activity; and
- o Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1986.

Information on each of these areas follows:

1. Financial Expenditures by State and Funding Source (Table 1)

This subsection provides information on expenditures for alcohol and drug services within each State during that State's 1986 Fiscal Year. It should be noted that two States Alabama and Michigan, the District of Columbia, and the Virgin Islands have Fiscal Years directly comparable to the Federal Government (October 1 to September 30), while 46 States and Puerto Rico have Fiscal Years from July 1 to June 30, one State (New York) has a Fiscal Year from April 1 to March 31,

and one State (Texas) has a Fiscal Year from September 1 to August 31. The data are categorized and presented on both a State-by-State basis and by funding source, including State Alcohol and Drug Agency funds, other State monies, the alcohol and drug portion of the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant, other Federal monies, county and local funds and monies from other sources. Also, total expenditures are reported for each of the 50 States, District of Columbia, American Samoa, Puerto Rico and the Virgin Islands and for each funding source. (See Table 1)

The total monies expended within all 50 States, the District of Columbia, American Samoa, Puerto Rico and Virgin Islands for alcohol and drug services in those programs receiving at least some State administered funds during each State's 1986 FY were \$1,641,048,098. This total includes \$751.7 million (45.8 percent) from State A/D Agency sources, \$95.5 million (5.8 percent) from other State agency sources, \$257 million (15.7 percent) from the ADMS Block Grant, \$43.5 million (2.6 percent) from other Federal government sources, \$153.4 million (9.3 percent) from county or local agency sources, and \$339.9 million (20.7 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

Caution needs to be exercised in utilizing and interpreting these data. As noted earlier, the data include information only on those programs "which received at least some funds administered by the State A/D Agency during Fiscal Year 1986". In some States complete information is not available on all funding sources even for State A/D Agency supported programs. In most instances where such information is not presented, the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented in Table 1 should be used only as gross estimates of the overall level of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more funds and higher percents than the figures indicate.

The specific levels of fiscal support contributed by different sources vary considerably among the States. It is clear, however, that for all States combined and for most States individually the single largest source of funding during FY 1986 for alcohol and drug services ~~was~~ State revenues. In 44 States and Territories the State A/D Agency funds constituted the single largest source of funding, while in the District of Columbia other State revenues were the largest source of support. The ADMS Block Grant was the largest revenue source in seven States and Territories. In the one State, North Carolina, county and local funds were the largest revenue source during FY 1986, and in another State, Montana, other sources provided the largest amounts of monies.

TABLE 1

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES
BY STATE AND FUNDING SOURCE FOR FISCAL YEAR 1986

STATE	STATE ALCOHOL/ DRUG AGENCY	OTHER STATE AGENCY	ALCOHOL/ DRUG ABUSE BLOCK GRANT	OTHER FEDERAL GOVERNMENT	COUNTY OR LOCAL AGENCIES	OTHER SOURCES	GRAND TOTAL
Alabama	\$ 2,589,331	\$ 29,838	\$ 3,899,134	\$ 181,238	\$ NA	\$ NA	\$ 6,628,533
Alaska	12,167,388	395,000	1,584,488	888,000	4,000,000	0	18,866,700
American Samoa	NA	NA	11,000	NA	NA	NA	11,000
Arizona	9,873,261	NA	4,478,721	NA	NA	6,929,164	21,273,146 A
Arkansas	2,276,854	0	2,875,453	1,881,832	0	336,688	5,770,819
California	77,979,080	499,000	31,229,000	4,797,000	32,483,000	64,954,000	211,861,080
Colorado	9,292,230	0	4,136,470	0	7,977,627	3,892,065	24,498,392 B
Connecticut	15,206,342	0	4,328,236	2,418,550	0	14,353,716	36,290,844
Delaware	2,325,628	18,005	1,157,185	325	0	3,736	3,496,879
District of Col	114,826	28,725,344	1,965,977	0	NA	950,278	23,756,425 A
Florida	18,222,982	1,493,724	14,812,753	133,846	15,554,435	NA	62,217,748 A
Georgia	19,918,982	0	5,233,623	0	829,184	3,856,367	29,029,176
Hawaii	1,768,534	893,635	1,243,888	NA	11,000	623,973	4,533,022
Idaho	1,822,687	0	1,855,718	0	0	0	2,878,325
Illinois	58,696,288	NA	9,154,688	0	NA	NA	59,850,888
Indiana	4,370,446	11,286,391	2,825,835	3,498,453	NA	NA	21,893,125
Iowa	7,487,728	842,388	2,835,683	157,368	1,615,633	1,999,276	14,938,068
Kansas	4,285,625	1,375,000	1,841,230	0	1,835,000	615,000	9,951,855
Kentucky	5,147,784	383,713	2,722,655	28,633	589,288	785,827	9,497,188
Louisiana	7,734,793	55,912	4,945,739	296,629	422,265	1,383,276	14,840,614
Maine	4,149,824	588,481	1,748,598	NA	NA	NA	6,398,023
Maryland	23,442,913	NA	5,811,895	0	1,289,595	18,260,229	48,883,832
Massachusetts	28,714,266	NA	5,874,258	NA	NA	NA	34,588,516
Michigan	32,418,333	2,100,000	10,894,343	731,988	13,899,000	17,788,000	77,931,584
Minnesota	2,177,888	NA	3,158,587	NA	NA	NA	5,327,587
Mississippi	2,653,554	0	1,210,444	2,230,883	NA	NA	6,094,881
Missouri	9,164,878	0	3,254,356	783,696	NA	186,316	13,389,238
Montana	525,773	1,887,280	1,829,572	729,343	1,574,788	3,428,797	9,175,393
Nebraska	3,897,587	0	1,729,733	0	482,972	726,176	6,837,388
Nevada	2,298,988	0	1,531,184	0	145,471	1,588,968	5,548,531
New Hampshire	1,105,281	0	1,899,846	0	0	46,787	2,251,114
New Jersey	27,585,888	0	18,188,888	727,888	2,288,888	3,518,888	44,888,888
New Mexico	18,317,458	2,541,258	1,951,388	844,888	528,888	182,488	16,357,288
New York	153,546,888	7,233,288	34,395,688	1,588,315	27,597,788	146,888,288	378,369,815 CD
North Carolina	18,754,286	0	3,891,124	0	14,188,166	0	28,753,576
North Dakota	1,382,799	0	1,524,478	0	0	0	2,827,269
Ohio	16,381,371	14,857,789	9,525,444	9,179,812	6,565,894	12,732,483	68,441,833
Oklahoma	4,366,828	4,384,357	2,314,262	0	NA	NA	18,984,639
Oregon	6,928,818	987,245	3,488,783	0	NA	NA	11,324,766
Pennsylvania	28,718,888	8,335,888	11,316,888	148,888	3,757,888	17,312,888	69,578,888
Puerto Rico	13,455,363	NA	4,876,875	424,168	NA	NA	17,956,398
Rhode Island	5,684,488	NA	1,892,242	NA	NA	NA	7,496,722 A
South Carolina	6,813,287	2,979,988	2,891,589	269,126	4,249,786	3,953,391	28,356,999
South Dakota	552,248	432,796	886,362	153,640	573,769	888,785	3,479,528
Tennessee	5,757,233	1,487,229	2,982,582	451,337	371,953	3,383,942	14,221,276
Texas	5,738,251	0	8,658,857	0	0	0	14,388,108
Utah	6,063,712	1,888,818	2,882,541	1,125,147	1,772,187	2,526,441	15,377,966
Vermont	1,914,918	638,886	1,269,712	NA	NA	1,135,235	4,957,943
Virgin Islands	357,288	0	377,621	0	0	0	734,829
Virginia	12,431,894	NA	4,584,123	NA	6,841,242	5,714,245	29,498,704
Washington	16,548,781	0	5,178,363	561,172	78,229	0	22,366,465
West Virginia	2,441,441	1,294,241	1,234,471	18,743	129,953	1,732,166	6,851,815
Wisconsin	35,878,437	7,867,859	4,281,968	18,297,728	2,662,857	7,763,684	67,863,733
Wyoming	2,573,718	0	479,825	0	236,745	NA	3,290,288
TOTALS	751,746,681	95,491,625	256,958,374	43,473,876	153,413,699	339,944,643	1,641,048,098
PERCENT OF TOTAL	45.8%	5.8%	15.7%	2.6%	9.3%	20.7%	100.0%

A = Figures represent allocated funds rather than expenditures.

B = County or Local Funds include client fees and third party payments.

C = Other State Agency category includes alcohol monies only; data on drug monies from this funding source is not available.

D = Other Sources category includes Medicaid.

N/A = Information not available.

Cautionary Note: In a number of States complete information is not available on all funding sources for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented at the bottom of this table should be used only as gross estimates of the overall levels of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percentages than the figures shown.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1986".

2. Financial Expenditures by Type of Program Activity
(Table 2)

Within this subsection information is provided on the amount of monies expended during FY 1986 for different types of alcohol and drug program activities. Data are presented on a State-by-State basis for three program activities including treatment, prevention, and other. Total expenditures are reported for each State and for each program activity category. (See Table 2)

As noted previously, the total monies expended within the 50 States, the District of Columbia, American Samoa, Puerto Rico and the Virgin Islands during FY 1986 in those programs which received at least some State A/D Agency funds were \$1.6 billion. Of this total amount, 53 State Agencies were able to report the breakout of these funds into the different types of alcohol and drug program activities. Of this total \$1.2 billion (73.4 percent) was expended for treatment activities, \$187.7 million (11.4 percent) for prevention activities, and \$162.1 million (9.9 percent) for other activities (such as, training, research, and administration). Three States were unable to report the breakout of \$86.2 million (or 5.3% of the total) by type of program activity.

Over the past few years, many States have substantially increased their commitment to and financial expenditures for prevention programs. However, within every State the expenditures for treatment remain much higher than those for prevention. Overall, the expenditures for treatment are over six times as great as for prevention.

3. Comparison of Financial Expenditures for Fiscal Years
1985 and 1986 by Total Expenditures and Type of Program
Activity (Tables 3, 4, 5)

Detailed comparisons of financial expenditures reported by States in this year's State Alcohol and Drug Abuse Profile (SADAP) with SADAP data collected for FY 1985 are provided in this subsection. However, comparison of fiscal data collected in FYs 1982-1984 are not appropriate. Such comparisons would be misleading since there have continued to be changes instituted in the specific wording of questions related to States' fiscal resources.

In fiscal years 1982, 1983 and 1984, States were asked to "estimate" their current year's fiscal allocations while they were still in the middle of the fiscal year. Thus the State could only provide estimates of dollar allocations for all alcohol and drug services within their States. In 1984, two major refinements were made to the data collection effort: States were asked to report actual allocations for their most recently completed fiscal year (FY 1984) and to provide fiscal

TABLE 2

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES
BY STATE AND TYPE OF PROGRAM ACTIVITY FOR FISCAL YEAR 1986

STATE	TYPE OF PROGRAM ACTIVITY				TOTAL
	TREATMENT	PREVENTION	OTHER	NOT REPORTED	
Alabama	5,287,865	888,419	452,249	0	6,628,533
Alaska	11,969,900	3,731,000	3,165,000	0	18,865,900
American Samoa	N/A	N/A	11,000	0	11,000
Arizona	28,169,682	869,499	234,845	0	21,273,146 A
Arkansas	4,499,346	614,124	656,549	0	5,770,019
California	149,437,000	32,772,000	29,652,000	0	211,861,000
Colorado	19,473,821	4,006,359	1,018,212	0	24,498,392
Connecticut	38,582,824	1,789,450	3,918,570	0	36,290,844
Delaware	2,751,247	240,661	584,971	0	3,496,879
District of Col	28,118,131	3,400,568	245,726	0	23,756,425 A
Florida	57,996,394	4,221,436	N/A	0	62,217,740 A
Georgia	27,351,820	1,119,998	557,358	0	29,029,176
Hawaii	3,547,252	737,560	248,210	0	4,533,022
Idaho	2,836,975	272,209	569,141	0	2,878,325
Illinois	49,516,700	4,422,700	5,911,400	0	59,850,800
Indiana	19,133,213	2,002,088	757,824	0	21,893,125
Iowa	18,588,236	1,965,012	2,384,812	0	14,938,060
Kansas	7,644,865	1,208,201	1,098,789	0	9,951,855
Kentucky	7,191,185	1,378,774	927,141	0	9,497,100
Louisiana	11,618,456	1,749,683	1,472,475	0	14,840,614
Maine	5,118,100	781,310	498,605	0	6,398,023
Maryland	36,580,619	1,268,078	2,963,135	0	40,803,832
Massachusetts	29,141,982	3,463,738	1,982,884	0	34,588,516
Michigan	54,844,146	12,281,128	9,906,310	0	77,031,584
Minnesota	3,889,384	1,186,506	1,051,777	0	5,327,587
Mississippi	4,773,882	249,464	1,070,735	0	6,094,081
Missouri	11,364,943	1,029,931	994,364	0	13,389,238
Montana	8,182,539	616,569	376,285	0	9,175,393
Nebraska	5,683,914	824,978	328,496	0	6,837,388
Nevada	4,682,794	402,714	543,023	0	5,548,531
New Hampshire	1,352,025	518,355	380,734	0	2,251,114
New Jersey	21,461,000	4,451,000	18,146,000	0	44,058,000
New Mexico	15,184,000	1,001,300	251,900	0	16,357,200
New York	288,651,415	58,340,700	31,377,700	0	378,369,815
North Carolina	2,981,690	909,434	0	24,862,452	28,753,576 B
North Dakota	2,544,832	140,462	142,775	0	2,827,269
Ohio	26,554,129	4,652,894	5,389,581	31,845,309	68,441,833 B
Oklahoma	18,125,439	422,005	437,195	0	18,984,639
Oregon	9,933,921	403,600	987,245	0	11,324,766
Pennsylvania	51,611,000	10,540,000	7,419,000	0	69,570,000
Puerto Rico	8,978,373	1,998,369	6,987,656	0	17,956,398
Rhode Island	6,329,777	470,637	696,388	0	7,496,722 AC
South Carolina	12,086,059	6,782,884	1,568,056	0	20,356,999
South Dakota	2,474,982	696,756	307,862	0	3,479,520
Tennessee	11,070,545	2,011,210	1,139,521	0	14,221,276
Texas	6,460,245	2,384,181	5,624,682	0	14,389,108
Utah	11,990,853	2,568,233	810,800	0	15,377,966
Vermont	3,527,863	743,936	686,144	0	4,957,943
Virgin Islands	534,305	75,524	125,000	0	734,829
Virginia	N/A	N/A	N/A	29,490,704	29,490,704 B
Washington	28,297,764	836,054	1,232,647	0	22,366,465
West Virginia	5,677,586	459,500	713,929	0	6,851,015
Wisconsin	58,628,777	5,360,622	3,882,334	0	67,863,733
Wyoming	2,364,537	675,009	250,734	0	3,290,280
TOTALS	1,295,021,282	187,768,822	162,059,609	86,198,465	1,641,048,098
PERCENT OF TOTAL	73.4%	11.4%	9.9%	5.3%	100.0%

A = Figures represent allocated funds rather than expenditures.

B = The "Not Reported" category includes funds which the States were unable to differentiate among program categories.

C = Treatment dollars include \$246,512 for Employee Assistance Program services.

N/A = Information not available.

NOTE: "OTHER" category includes other activities beyond treatment or prevention services, e.g., training, research and administration.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1986".

information for "only those programs which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984". In 1985, a third refinement was added: States were asked to report actual total "expenditures" for FY 1985 rather than allocations.

A comparison of total expenditures for all funding sources for alcohol and drug abuse services from FY 1985 to 1986 in the 53 State Agencies reporting data for both years, reflects a total dollar increase from FY 1985 to FY 1986 of \$276,477,749 or a 20.3 percent increase. (See Table 3). While this reflects a positive growth in the national fiscal environment, 12 State Agencies reported a decrease in total expenditures from FY 1985 to 1986. In at least one case, however, the increase in expenditures reflected not a true increase in services but an expansion of the reporting or data collection system.

A comparison of expenditures by funding source from FY 1985 to FY 1986 is also provided. (See Table 4). All categories of funding sources reveal an increase in expenditures from FY 1985 to FY 1986. Caution needs to be exercised when comparing these financial data, however, as many of the apparent increases are related to an improvement in the States' ability to collect and provide data from the local program level. A comparison of these expenditure data from FY 1985 to FY 1986 document the following increases: "State Alcohol/Drug Agency" (14.1 percent); "Other State Agency" (60.7 percent); "Alcohol/Drug Abuse Block Grant" (8.5 percent); "Other Federal Government" (71.3 percent); "County or Local Agencies" (71.7 percent) and "Other Sources" (15.4 percent).

Overall expenditures by types of Program Activity for the 52 State Agencies able to report such data for FY 1985 and FY 1986 reflects a significant growth in expenditures for each program activity. Total expenditures for treatment increased \$162,430,852 or 15.6% from FY 1985 to 1986; total expenditures for prevention activities increased \$30,188,762 or 19.2% for these three years and expenditures for other activities increased \$54,580,871 or 41.2%. (See Table 5).

4. Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1986 (Tables 6, 7)

Within this subsection information is provided on the total number of treatment units which received funds administered by the State A/D Agency in FY 1986. The data are presented by primary orientation of the treatment units: alcohol, drug or combined alcohol/drug. An estimate is also provided indicating the percent of treatment units in the State in FY 1986, that received any funds administered by the State A/D Agency.

TABLE 3

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES
BY STATE FOR FISCAL YEARS 1985 AND 1986

TOTAL ALCOHOL AND DRUG ABUSE EXPENDITURES

STATE	FY 1985	FY 1986	CHANGE
Alabama	5,915,793	6,628,533	12.0%
Alaska	19,511,863	18,866,700	-3.3%
Arizona	20,218,120	21,273,146	5.2%
Arkansas	5,403,542	5,770,019	6.8%
California	201,933,720	211,861,000	4.9%
Colorado	16,219,222	24,498,392	51.0%
Connecticut	27,087,735	36,290,844	34.0%
Delaware	3,756,902	3,496,879	-6.9%
District of Col	18,897,677	23,756,425	25.7%
Florida	42,891,735	62,217,740	45.1%
Georgia	23,797,742	29,029,176	22.0%
Hawaii	3,673,124	4,533,022	23.4%
Idaho	2,822,875	2,878,325	2.0%
Illinois	47,356,816	59,850,800	26.4%
Indiana	17,683,691	21,893,125	23.8%
Iowa	12,281,053	14,938,060	21.6%
Kansas	8,402,000	9,951,855	18.4%
Kentucky	7,900,941	9,497,100	20.2%
Louisiana	12,814,939	14,840,614	15.8%
Maine	8,632,814	6,398,023	-25.9%
Maryland	28,149,997	40,803,832	45.0%
Massachusetts	35,934,301	34,588,516	-3.7%
Michigan	65,545,875	77,031,584	17.5%
Minnesota	5,009,800	5,327,587	6.3%
Mississippi	6,026,300	6,094,081	-10.7%
Missouri	11,402,338	13,389,238	17.4%
Montana	8,060,073	9,175,393	13.8%
Nebraska	6,183,667	6,837,388	10.6%
Nevada	6,552,090	5,548,531	-15.3%
New Hampshire	2,335,190	2,251,114	-3.6%
New Jersey	22,307,000	44,058,000	97.5%
New Mexico	13,571,286	16,357,200	20.5%
New York	309,368,481	370,369,815	19.7%
North Carolina	6,523,519	28,753,576	340.8%
North Dakota	1,777,000	2,827,269	59.1%
Ohio	35,960,797	68,441,833	90.3%
Oklahoma	5,923,060	10,984,639	85.5%
Oregon	10,915,230	11,324,766	3.8%
Pennsylvania	65,712,000	69,570,000	5.9%
Puerto Rico	17,718,444	17,956,398	1.3%
Rhode Island	7,292,084	7,496,722	2.8%
South Carolina	12,512,296	20,356,999	62.7%
South Dakota	4,015,716	3,479,520	-13.4%
Tennessee	10,100,800	14,221,276	40.8%
Texas	20,433,115	14,389,108	-29.6%
Utah	12,929,062	15,377,966	18.9%
Vermont	3,778,941	4,957,943	31.2%
Virgin Islands	591,589	734,829	24.2%
Virginia	27,027,873	29,490,704	9.1%
Washington	28,844,525	22,366,465	-22.5%
West Virginia	7,447,581	6,851,015	-8.0%
Wisconsin	52,724,554	67,863,733	28.7%
Wyoming	3,882,453	3,290,280	-15.3%
TOTALS	1,364,559,349	1,641,037,098	20.3%

Cautionary Note: Some of the apparent increases in total expenditures may be related to an improvement in the States' ability to collect and provide data rather than to an actual increase in monies.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency" during Fiscal Year 1985 and 1986.

TABLE 4
COMPARISON OF EXPENDITURES FOR ALCOHOL AND
DRUG ABUSE SERVICES BY FUNDING SOURCE
FOR FISCAL YEARS 1985 AND 1986

<u>FUNDING SOURCE</u>	<u>FY 1985</u>	<u>FY 1986</u>	<u>PERCENT CHANGE</u>
STATE ALCOHOL/ DRUG AGENCY	\$659,050,208	\$751,746,681	+14.1%
OTHER STATE AGENCY	\$59,408,503	\$95,491,625	+60.7%
ALCOHOL/DRUG ABUSE BLOCK GRANT	\$236,763,672	\$256,939,374	+8.5%
OTHER FEDERAL GOVERNMENT	\$25,372,616	\$43,473,076	+71.3%
OTHER SOURCES	\$294,614,967	\$339,944,643	15.4%
GRAND TOTAL	\$1,364,559,349	\$1,641,037,098	20.3%

TABLE 5
COMPARISON OF EXPENDITURES FOR ALCOHOL AND
DRUG ABUSE SERVICES BY TYPE OF PROGRAM
ACTIVITY FOR FISCAL YEARS 1985 AND 1986

<u>TYPE OF ACTIVITY</u>	<u>FY 1985</u>	<u>FY 1986</u>	<u>PERCENT CHANGE</u>
TREATMENT	\$1,042,590,350	\$1,205,021,202	+15.6%
PREVENTION	\$157,580,060	\$187,768,827	+19.2%
OTHER	\$132,330,190	\$186,911,061	+41.2%

SOURCE: State Alcohol and Drug Abuse Profile, FY 1986; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency" during Fiscal Years 1985 and 1986.

The State Agencies identified a total of 6,226 alcohol and/or drug treatment units which received funds administered by the State A/D Agency in FY 1986. With regard to the orientation of the treatment units, 2,042 were identified as alcohol units, 1,522 as drug units and 2,662 were identified as combined alcohol/drug treatment units. (See Table 6).

An estimate of the percent of total alcohol and/or drug treatment units in the State that received any funds administered by the State A/D Agency in FY 1986 was provided by 52 State agencies. The estimate ranged from a low of 14 percent in Minnesota to a high of 100 percent in North Carolina and Puerto Rico. (See Table 7).

Included as Appendix B of this report are State-by-State population, per capita income, population density and State revenue figures to aid in further analyses and interpretation of the financial data. Population data are for July 1, 1985; the population density data are for Calendar Year 1985; the per capita income data are for Calendar Year 1986 and the State revenues reflect each State's Fiscal Year 1985.

TABLE 6

NUMBER OF ALCOHOL AND/OR DRUG TREATMENT UNITS WHICH RECEIVED FUNDS
ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY FOR FISCAL YEAR 1986

STATE	ALCOHOL TREATMENT UNITS	DRUG TREATMENT UNITS	COMBINED ALCOHOL/ DRUG TREATMENT UNITS	TOTAL ALCOHOL/ DRUG TREATMENT UNITS
Alabama	23	5	17	45
Alaska	22	16	10	48
Arizona	38	18	122	178
Arkansas	7	5	20	32
California	565	220	N/A	785
Colorado	51	7	21	79
Connecticut	28	31	37	96
Delaware	5	1	7	13
District of Col	7	20	3	30
Florida	55	76	42	173
Georgia	0	0	41	41
Hawaii	3	2	17	22
Idaho	0	0	20	20
Illinois	78	113	27	218
Indiana	2	0	74	76
Iowa	0	0	29	29
Kansas	0	1	58	59
Kentucky	0	0	134	134
Louisiana	2	2	40	44
Maine	0	0	34	34
Maryland	62	38	16	116
Massachusetts	212	171	0	383
Michigan	0	0	207	207
Minnesota	1	2	34	37
Mississippi	50	1	22	73
Missouri	11	6	60	77
Montana	1	2	27	30
Nebraska	0	0	58	58
Nevada	6	1	15	22
New Hampshire	6	3	16	25
New Jersey	121	50	17	188
New Mexico	32	8	26	66
New York	285	449	26	760
North Carolina	23	1	41	65
North Dakota	0	0	8	8
Ohio	94	88	76	258
Oklahoma	0	0	52	52
Oregon	71	9	33	113
Pennsylvania	38	26	346	410
Puerto Rico	8	67	0	75 A
Rhode Island	18	7	4	29
South Carolina	2	0	38	40
South Dakota	0	0	21	21
Tennessee	0	1	51	52
Texas	50	23	9	82
Utah	3	1	61	67
Vermont	0	0	24	24
Virgin Islands	0	2	3	5
Virginia	20	6	64	90 B
Washington	42	40	52	134
West Virginia	0	0	28	28
Wisconsin	0	2	458	460
Wyoming	0	1	14	15
TOTALS	2,042	1,522	2,662	6,226
PERCENT OF TOTAL	32.8%	24.4%	42.8%	100.0%

A = There are an additional 92 private treatment programs which receive funds administered by the State Alcohol/Drug Agency for which data are not included.

B = Decrease from 104 in FY85 due to combination of several facilities under one programmatic designation.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1986".

TABLE 7

ESTIMATE OF PERCENT OF TOTAL ALCOHOL AND/OR DRUG TREATMENT
UNITS IN EACH STATE THAT RECEIVED ANY FUNDS ADMINISTERED BY
THE STATE ALCOHOL/DRUG AGENCY FOR FISCAL YEAR 1986

STATE	ESTIMATE OF PERCENT OF TOTAL TREATMENT UNITS FUNDED BY STATE AGENCY	
	=====	
Alabama		54
Alaska		85
American Samoa		N/A
Arizona		67
Arkansas		60
California		60
Colorado		30
Connecticut		61
Delaware		72
District of Col		80
Florida		80
Georgia		N/A
Hawaii		80
Idaho		30
Illinois		80
Indiana		21
Iowa		55
Kansas		40
Kentucky		59
Louisiana		35
Maine		58
Maryland		60
Massachusetts		85
Michigan		49
Minnesota		14
Mississippi		75
Missouri		31
Montana		70
Nebraska		58
Nevada		50
New Hampshire		36
New Jersey/Alcohol		50
New Jersey/Drug		90
New Mexico/Alcohol		90
New Mexico/Drug		60
New York/Alcohol		64
New York/Drug		82
North Carolina		100
North Dakota		40
Ohio		43 A
Oklahoma		N/A
Oregon		80
Pennsylvania		66
Puerto Rico		100
Rhode Island		70
South Carolina		60
South Dakota		70
Tennessee		60
Texas		36
Utah		66
Vermont		89
Virgin Islands		73
Virginia		75
Washington		52
West Virginia		85
Wisconsin		76
Wyoming		75

A = Alcohol units only.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986.

IV. CLIENT ADMISSIONS TO ALCOHOL AND DRUG TREATMENT SERVICES

Each State Alcohol and Drug Agency was asked to provide information on client admissions to treatment units that received funds administered by the State Agency during Fiscal Year 1986. Most of the States have combined alcohol and drug abuse treatment responsibilities within one agency. A number of these agencies have established combined (e.g., substance abuse, chemical dependency) treatment systems and/or client reporting systems and preferred to report combined alcohol and drug client data. However, in response to a specific request from NIAAA and NIDA, (each of which have a distinct mandate), NASADAD asked the States separate questions relating to alcohol and drug abuse treatment services. This was done to obtain data that would be generally consistent with past data collection efforts and to be responsive to those States that have separate alcohol and drug agencies.

In reviewing and interpreting the data in this section of the report, it is important to recognize that the client admissions figures are limited to those treatment units that received at least "some funds administered by the State Alcohol and Drug Agency" during Fiscal Year (FY) 1986. However, States reporting client information on those treatment units that received only partial funding from the State Agency were instructed to report data on all client admissions to the program, not just data on those client admissions supported by State Agency funds. The data presented do not include client admissions to treatment units that did not receive any funds administered by the State Alcohol or Drug Agency during FY 1986. It is also important to recognize that the total number of client admissions reported in the following tables may not always be equal since, in a few cases, the State may have been unable to provide client admissions for all of the categories specified (e.g., some States use different age categories).

The remainder of this section on client admissions to treatment services is organized within three major subsections including:

- o Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism;
- o Client Admissions to Treatment Services for Drug Abuse and Dependency; and
- o Comparisons of Client Admissions Data for Fiscal Years 1984, 1985, and 1986.

1. Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism (Tables 8, 9, 10, 11, 12)

This subsection includes client data organized under two topic headings including:

- o Client admissions data by environment and type of care; and
- o Client admissions data by sex, age and race/ethnicity.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Type of Care

Each State Alcohol (and combined alcohol and drug) Agency was asked to provide data on the "number of ALCOHOL treatment client admissions during FY 1986" in all units that received funds administered by the State Alcohol Agency. The information requested included client admissions data organized by environment (hospital or non-hospital) and by type of care (detoxification, rehabilitation/residential, or outpatient). (See Table 8)

All 50 State Agencies, American Samoa, the District of Columbia, Puerto Rico and the Virgin Islands provided at least some data on the number of total alcohol client treatment admissions during FY 1986. (See the last column in Table 8). The total of reported alcohol client treatment admissions was over 1.2 million. Of these admissions, over 72 percent (881,193 admissions) were to non-hospital units. However, three States that reported admissions to non-hospital units did not have data available on admissions to hospital units and so the actual number and percent of hospital admissions is likely to be higher than indicated. Forty-five States, Puerto Rico and the Virgin Islands reported a total of 270,883 client admissions to hospital-based treatment units.

Most States also reported data on alcohol client treatment admissions by type of care (detoxification, rehabilitation/residential, or outpatient) and environment (hospital or non-hospital). (See the first six columns of Table 8). Hospitals were used by 43 percent of those clients who required detoxification services. However, the proportions of hospital and non-hospital admissions are considerably different for those clients who required rehabilitation/residential or

TABLE 8

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF CARE AND STATE FOR FISCAL YEAR 1986

STATE	DETOXIFICATION		REHAB/RESIDENTIAL		OUTPATIENT		TOTAL		NR	TOTAL ADMISSIONS
	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL		
Alabama	0	N/A	169	3,113	0	1,986	169	5,099	0	5,268 A
Alaska	277	1,510	348	2,294	0	6,743	625	10,457	0	11,082
American Samoa	0	0	0	0	0	2	0	2	0	10
Arizona	12	1,882	0	4,957	0	14,222	12	21,061	0	21,073
Arkansas	1,474	181	0	2,735	0	3,870	1,474	5,906	0	7,380
California	65,900	0	21,900	0	0	24,100	87,800	24,100	0	111,900 B
Colorado	79	33,829	0	3,227	0	15,421	79	52,477	0	52,556
Connecticut	0	5,063	0	2,936	947	3,859	947	11,858	0	12,805 A
Delaware	0	2,946	0	476	0	720	0	4,142	0	4,142
District of Col	0	3,428	0	1,033	0	1,041	0	5,512	0	5,512
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61,115	61,115
Georgia	10,217	5,933	0	2,042	0	21,134	10,217	29,109	0	39,326
Hawaii	0	871	0	504	0	1,074	0	2,449	0	2,449
Idaho	33	693	N/A	316	N/A	3,017	33	4,026	0	4,059 C
Illinois	N/A	26,587	N/A	4,601	N/A	21,395	N/A	52,583	0	52,583
Indiana	0	5,491	691	1,111	0	13,700	691	20,310	0	21,001
Iowa	0	176	7	1,476	0	3,354	7	5,006	1	5,014
Kansas	0	2,785	0	1,004	0	5,140	0	8,937	0	8,937
Kentucky	245	1,060	856	967	0	8,020	1,101	10,063	0	11,964
Louisiana	16	1,561	0	1,205	0	9,497	16	12,263	0	12,279
Maine	573	1,543	778	478	971	4,096	2,322	6,117	0	8,439 D
Maryland	3	1,276	0	4,158	1,447	14,310	1,450	19,744	0	21,194
Massachusetts	36,662	0	0	6,274	0	20,709	36,662	26,983	0	63,645
Michigan	0	5,528	0	6,636	0	25,184	0	37,340	0	37,340
Minnesota	0	28,133	3,202	1,000	0	724	3,202	29,937	0	33,139
Mississippi	112	0	0	4,126	0	2,535	112	6,661	0	6,773
Missouri	1,391	8,764	0	4,529	0	4,235	1,391	17,528	0	18,919
Montana	2,151	373	2,139	1,012	0	5,179	4,290	6,564	0	10,854
Nebraska	302	6,997	594	2,642	740	7,402	1,636	17,121	0	18,757 D
Nevada	0	9,190	0	850	0	549	0	10,597	0	10,597 E
New Hampshire	0	200	0	322	0	2,400	0	2,922	0	2,922
New Jersey	2,563	6,390	265	3,542	1,743	7,124	4,571	17,056	0	21,627
New Mexico	0	3,700	1,066	1,050	0	6,662	1,066	11,412	0	13,278
New York	38,263	26,072	4,693	11,006	24,956	39,259	67,912	77,217	0	145,129 F
North Carolina	590	4,840	0	1,596	0	9,422	590	15,850	0	16,440
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,123	0	1,123
Ohio	0	7,885	0	1,399	0	9,293	0	18,577	0	18,577
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7,137	7,137
Oregon	0	5,063	0	2,900	0	22,789	0	30,760	0	30,760
Pennsylvania	7,917	5,550	0	6,613	545	21,229	8,462	33,400	0	41,862
Puerto Rico	289	0	N/A	N/A	0	2,831	289	2,831	0	3,120
Rhode Island	6,273	1,085	3,360	502	120	1,474	9,761	3,061	0	13,622
South Carolina	0	3,962	3,116	362	0	15,827	3,116	20,151	0	23,267
South Dakota	0	616	0	169	0	3,912	0	4,697	0	4,697
Tennessee	0	1,843	296	1,340	0	5,007	296	8,190	0	8,486
Texas	969	0	4,607	12,223	0	13,681	5,576	25,904	0	31,480
Utah	2,570	1,955	0	2,451	0	6,913	2,570	11,319	0	13,889
Vermont	0	509	0	307	0	2,004	0	2,900	0	2,900 G
Virgin Islands	34	0	0	21	0	61	34	82	0	116
Virginia	N/A	6,222	N/A	2,420	N/A	25,927	1,120	34,567	2	35,689
Washington	0	9,875	0	5,575	0	26,420	0	41,870	0	41,870
West Virginia	2,169	494	721	1,078	291	5,112	3,181	6,604	0	9,865
Wisconsin	4,985	2,455	2,310	3,400	0	30,593	7,295	44,536	0	51,831
Wyoming	N/A	N/A	N/A	516	N/A	N/A	N/A	516	0	516
TOTALS	186,069	246,780	51,926	124,740	31,768	509,665	270,883	881,193	68,255	1,220,331
PERCENT OF TOTAL	43.0%	57.0%	29.4%	70.6%	5.9%	94.1%	22.2%	72.2%	5.6%	100.0%

A = Data are for number of clients served instead of client admissions.

B = Environment categories are residential and non-residential instead of hospital and non-hospital.

C = Idaho's non-hospital admissions for detoxification services may include some hospital admissions.

The number of non-hospital admissions for outpatient services may include some admissions for other types of care.

D = Includes both alcohol and drug admissions.

E = 7495 of the detox clients are civil protective-custody clients.

F = All client admissions information is for calendar year 1985 and is estimated.

G = Outpatient admissions include clients in counseling for relationships with alcohol-dependent significant others.

N/A = Information not available.

NR = Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1986.

outpatient services. With regard to rehabilitation/residential services, non-hospital facilities were used for nearly 71 percent of the client admissions. For outpatient services, non-hospital facilities were used in over 94 percent of the client admissions.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Alcohol (and combined alcohol and drug) Agency was asked to provide data on "the number of ALCOHOL treatment client admissions during Fiscal Year 1986" in all units "which received some funds administered by the State Alcohol Agency" in each of a number of specific sex, age, and race/ethnicity categories. Forty-eight States, American Samoa, Virgin Islands and the District of Columbia, reported alcohol client admissions data by sex. (See Table 9). Over 75 percent of the alcohol client admissions were male, over 19 percent were female. Data on sex were not reported for 5.3 percent of the alcohol client admissions.

Forty States, American Samoa, the District of Columbia and the Virgin Islands were able to report data by the age categories requested. (See Table 10). The percent of client admissions that fell within each of the age range categories requested were as follows:

<u>Age</u>	<u>Percent of Admissions</u>
Under 18	2.7%
18-20	3.8%
21-24	8.1%
25-34	21.4%
35-44	18.7%
45-54	9.6%
55-64	4.8%
65 and over	1.5%
Not reported	29.4%

With regard to alcohol client treatment admissions information by age and by sex, a total of 36 State Agencies, American Samoa, the District of Columbia and the Virgin Islands reported data. (See Table 11). A number of States have established different age range categories and they were not able to retrieve or report client information according to the specific categories NASADAD requested. The data shown indicates a male/female mix of 67%/33% in the lowest age group, increasing to 85% male in the highest age group.

With regard to alcohol client treatment admissions information by race/ethnicity, a total of 47 State Agencies, American Samoa, the District of Columbia, Puerto Rico and the Virgin Islands provided at least

TABLE 9

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS
BY SEX AND STATE FOR FISCAL YEAR 1986

STATE	SEX			TOTAL
	MALE	FEMALE	NOT REPORTED	
Alabama	4,223	1,045	0	5,268 A
Alaska	8,427	2,653	2	11,082
American Samoa	10	0	0	10
Arizona	15,913	5,160	0	21,073
Arkansas	6,302	1,078	0	7,380
California	91,000	20,900	0	111,900
Colorado	39,081	7,589	5,886	52,556
Connecticut	10,094	2,711	0	12,805 A
Delaware	3,432	710	0	4,142
District of Col	4,395	1,117	0	5,512
Florida	48,737	12,378	0	61,115
Georgia	32,256	7,070	0	39,326
Hawaii	1,971	478	0	2,449
Idaho	3,255	804	0	4,059
Illinois	43,301	9,065	137	52,503 B
Indiana	16,057	4,944	0	21,001
Iowa	3,508	1,056	450	5,014
Kansas	7,492	1,439	6	8,937
Kentucky	9,932	2,032	0	11,964
Louisiana	7,771	4,508	0	12,279
Maine	6,043	2,396	0	8,439 C
Maryland	17,871	3,323	0	21,194
Massachusetts	51,898	11,747	0	63,645
Michigan	30,008	7,200	140	37,348
Minnesota	27,853	5,281	5	33,139
Mississippi	5,842	891	40	6,773
Missouri	15,708	3,211	0	18,919
Montana	6,678	4,176	0	10,854
Nebraska	14,175	4,582	0	18,757 C
Nevada	9,204	1,393	0	10,597
New Hampshire	2,000	851	63	2,922
New Jersey	17,476	4,138	13	21,627
New Mexico	10,618	2,660	0	13,278
New York	106,234	38,895	0	145,129 D
North Carolina	13,920	2,528	0	16,448
North Dakota	847	271	5	1,123
Ohio	14,848	3,729	0	18,577
Oklahoma	6,096	1,041	0	7,137
Oregon	24,348	6,412	0	30,760
Pennsylvania	33,922	7,940	0	41,862
Puerto Rico	N/A	N/A	3,120	3,120
Rhode Island	5,733	1,274	6,615	13,622
South Carolina	18,342	3,713	1,212	23,267
South Dakota	3,206	1,491	0	4,697
Tennessee	6,616	1,870	0	8,486
Texas	25,168	6,312	0	31,480
Utah	8,571	1,332	3,986	13,889
Vermont	2,078	902	0	2,980
Virgin Islands	67	15	34	116
Virginia	30,237	5,452	0	35,689
Washington	N/A	N/A	41,870	41,870
West Virginia	8,448	1,417	0	9,865
Wisconsin	38,611	13,220	0	51,831
Wyoming	N/A	N/A	516	516
TOTALS	919,831	236,400	64,100	1,220,331
PERCENT OF TOTAL	75.4%	19.4%	5.3%	100.0%

A = Data are for number of clients served instead of client admissions.

B = These admissions data are estimates.

C = Includes both alcohol and drug admissions.

D = All client admissions data are for calendar year 1985 and are estimated

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1986.

TABLE 18

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1986

STATE	UNDER 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	NOT REPORTED	TOTAL
Alabama	75	164	552	1,818	1,387	786	379	197	0	5,268 A
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,082	11,082
American Samoa	0	0	0	4	3	0	3	0	0	10
Arizona	894	581	2,311	6,972	5,464	2,835	1,464	517	115	21,073
Arkansas	113	401	769	2,214	1,792	1,154	723	214	0	7,380 B
California	2,000	2,500	7,400	38,800	34,500	16,500	8,500	1,700	0	111,900
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52,556	52,556
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12,805	12,805 A
Delaware	96	172	330	1,450	926	562	462	144	0	4,142
District of Col	0	232	501	2,154	1,444	817	331	33	0	5,512
Florida	1,551	2,355	5,884	7,892	28,363	9,153	5,211	1,506	0	61,115
Georgia	422	937	2,744	11,098	11,857	7,728	4,875	1,273	0	39,326
Hawaii	390	53	189	756	563	242	119	29	108	2,449
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,059	4,059
Illinois	2,149	2,374	5,403	16,847	15,430	8,035	1,020	1,153	84	52,503 C
Indiana	1,974	1,723	2,819	6,511	4,229	2,326	1,136	313	0	21,001
Iowa	180	338	790	1,671	932	397	290	56	450	5,014
Kansas	378	659	1,490	3,248	1,700	930	373	153	6	8,937
Kentucky	745	659	1,112	2,347	3,070	1,016	661	225	2,129	11,964
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12,279	12,279
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,439	8,439 D
Maryland	977	1,161	3,054	7,547	4,675	2,352	1,149	279	0	21,194
Massachusetts	1,336	2,342	6,197	22,239	16,842	8,618	4,656	1,415	0	63,645
Michigan	1,937	2,144	5,163	14,437	7,818	3,483	1,606	401	359	37,348
Minnesota	1,768	2,037	3,483	9,218	4,941	3,069	3,069	1,431	4,123	33,139
Mississippi	123	380	1,054	2,602	1,411	714	343	103	43	6,773
Missouri	677	766	1,900	5,929	4,910	2,907	1,464	363	3	18,919
Montana	1,361	758	1,463	1,591	3,541	1,299	557	284	0	10,854
Nebraska	1,994	1,463	2,318	5,213	3,836	2,082	1,449	402	0	18,757 D
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10,597	10,597
New Hampshire	118	209	401	1,011	715	269	135	32	32	2,922
New Jersey	1,146	1,102	2,496	7,971	4,987	2,456	1,175	281	13	21,627
New Mexico	1,020	1,500	2,170	4,456	1,918	1,560	654	0	0	13,278
New York	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	145,129	145,129 E
North Carolina	217	570	1,583	4,958	4,233	2,903	1,562	422	0	16,448
North Dakota	30	77	160	426	224	119	59	23	5	1,123
Ohio	1,227	303	2,671	6,499	3,649	2,095	1,193	282	650	18,577
Oklahoma	300	252	789	2,082	1,669	1,214	542	288	1	7,137
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	30,760	30,760
Pennsylvania	1,646	2,168	5,091	14,887	9,875	4,973	2,543	679	0	41,862
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,120	3,120
Rhode Island	163	139	358	1,053	611	300	28	28	10,942	13,622
South Carolina	1,036	1,246	2,531	7,052	5,119	3,038	1,546	407	1,212	23,267
South Dakota	870	451	648	1,160	810	434	235	89	0	4,697
Tennessee	446	472	1,147	3,017	1,852	904	445	122	1	8,486
Texas	59	294	725	2,290	1,555	1,182	438	90	24,847	31,480
Utah	251	506	1,051	3,564	2,467	1,255	675	134	3,986	13,889
Vermont	240	182	386	982	659	322	145	46	10	2,980
Virgin Islands	0	0	6	19	30	18	7	2	34	116
Virginia	1,386	1,949	4,622	11,391	8,273	5,028	2,387	653	0	35,689
Washington	N/A	2,368	6,199	12,297	9,549	5,366	2,768	1,270	2,053	41,870
West Virginia	333	1,246	1,547	2,898	1,911	1,153	545	232	0	9,865
Wisconsin	1,475	6,864	6,864	1,563	9,601	5,018	2,706	1,028	16,712	51,831
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	516	516
TOTALS	33,081	46,017	98,371	261,326	228,541	116,692	58,746	18,209	359,268	1,220,331
PERCENT OF TOTAL	2.7%	3.8%	8.1%	21.4%	18.7%	9.6%	4.8%	1.5%	29.4%	100.0%

A = Data are for number of clients served instead of number of client admissions.

B = Breakout of admissions by age for 18-20 and 21-24 categories are estimates.

C = Breakout of admissions by some of the age categories are estimates.

D = Alcohol and drug client admissions are combined.

E = All client admissions information is for calendar year 1985 and is estimated.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1986.

TABLE 11

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1986

STATE	UNDER AGE 18			18 TO 20			21 TO 24			25 TO 34			35 TO 44		
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR
Alabama	60	15	0	131	33	0	441	111	0	1,450	360	0	1,113	274	0 A
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
American Samoa	0	0	0	0	0	0	0	0	0	4	0	0	3	0	0
Arizona	510	304	0	355	146	0	1,705	606	0	5,257	1,715	0	4,186	1,278	0
Arkansas	89	24	0	335	66	0	669	100	0	1,887	327	0	1,521	271	0 B
California	1,300	700	0	1,800	700	0	5,400	2,000	0	30,900	7,900	0	28,700	5,800	0
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A A
Delaware	66	30	0	138	34	0	274	56	0	1,144	306	0	792	134	0
District of Col	0	0	0	185	47	0	400	101	0	1,718	436	0	1,151	293	0
Florida	N/A	N/A	1,551	N/A	N/A	2,355	N/A	N/A	5,884	N/A	N/A	7,092	N/A	N/A	28,363
Georgia	328	94	0	754	183	0	2,258	486	0	8,861	2,229	0	9,147	1,910	0
Hawaii	221	169	0	44	9	0	147	42	0	643	113	0	478	85	0
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	2,149	N/A	N/A	2,374	N/A	N/A	5,403	N/A	N/A	16,847	N/A	N/A	15,430 C
Indiana	N/A	N/A	1,944	N/A	N/A	1,723	N/A	N/A	2,819	N/A	N/A	6,511	N/A	N/A	4,229
Iowa	100	80	0	241	97	0	648	142	0	1,310	361	0	705	227	0
Kansas	265	113	0	532	127	0	1,257	233	0	2,698	550	0	1,444	256	0
Kentucky	574	171	0	554	105	0	930	182	0	2,097	250	0	2,513	557	0
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	763	214	0	993	160	0	2,555	499	0	6,320	1,227	0	3,971	704	0
Massachusetts	783	553	0	1,821	521	0	4,912	1,285	0	17,828	4,411	0	14,034	2,808	0
Michigan	1,257	680	0	1,776	368	0	4,281	882	0	11,713	2,724	0	6,279	1,539	0
Minnesota	1,140	628	0	1,634	403	0	2,864	619	0	7,710	1,500	0	6,141	1,050	0
Mississippi	102	21	0	321	59	0	957	97	0	2,248	354	0	1,212	199	0
Missouri	343	334	0	611	155	0	1,505	395	0	4,744	1,185	0	4,203	707	0
Montana	795	566	0	526	232	0	1,010	453	0	994	597	0	2,049	1,492	0
Nebraska	1,280	714	0	1,073	390	0	1,746	572	0	3,834	1,379	0	2,909	927	0
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	68	50	0	154	53	2	290	100	11	703	287	21	493	212	10
New Jersey	799	347	0	881	221	0	1,996	500	0	6,452	1,519	0	4,093	894	0
New Mexico	816	204	0	1,200	300	0	1,736	434	0	3,564	892	0	1,534	384	0
New York	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Carolina	173	44	0	466	104	0	1,308	275	0	4,153	805	0	3,606	627	0
North Dakota	16	14	0	56	21	0	127	33	0	320	106	0	164	60	0
Ohio	979	240	0	243	60	0	2,135	536	0	5,195	1,304	0	2,917	732	0
Oklahoma	208	92	0	204	40	0	651	138	0	1,718	364	0	1,448	221	0
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	1,138	508	0	1,743	425	0	4,124	967	0	11,981	2,906	0	8,082	1,793	0
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	111	52	0	95	44	0	276	82	0	840	213	0	455	156	0
South Carolina	754	282	0	1,040	206	0	2,083	448	0	5,917	1,135	0	4,265	854	0
South Dakota	396	474	0	321	130	0	504	144	0	819	341	0	590	220	0
Tennessee	314	132	0	366	106	0	915	232	0	2,337	600	0	1,470	302	0
Texas	47	12	0	213	81	0	509	216	0	1,741	549	0	1,304	251	0
Utah	193	58	0	451	55	0	873	178	0	3,041	523	0	2,153	314	0
Vermont	132	116	0	127	55	0	277	109	0	706	276	0	433	226	0
Virgin Islands	0	0	0	0	0	0	6	0	0	14	5	0	26	4	0
Virginia	969	417	0	1,671	278	0	3,937	685	0	9,608	1,703	0	7,009	1,104	0
Washington	N/A	N/A	N/A	N/A	N/A	2,368	N/A	N/A	5,199	N/A	N/A	12,297	N/A	N/A	9,549
West Virginia	246	87	0	1,129	117	0	1,285	262	0	2,452	446	0	1,579	332	0
Wisconsin	1,117	358	0	2,348	1,668	0	5,196	1,668	0	11,833	3,798	0	7,264	2,337	0
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	18,452	8,985	5,644	26,532	7,815	8,822	62,187	15,868	20,316	186,762	45,864	42,760	141,516	31,694	57,501

A = Data are for number of clients served instead of client admissions.

B = Breakout of admissions by age for 18-20 and 21-24 categories are estimates.

C = Breakout of admissions by some of the age categories are estimates.

D = Includes both alcohol and drug admissions.

E = All client admissions information is for calendar year 1985 and is estimated.

N/A = Information not available.

NR = Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units which received some funds administered by the State Alcohol Agency during Fiscal Year 1986

TABLE 11

(PAGE 2 OF 2)

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1986

STATE	45 to 54			55 to 64			65 and OVER			NOT REPORTED			TOTALS			TOTAL
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	
Alabama	630	156	0	384	75	0	86	21	0	0	0	0	4,223	1,845	0	5,268
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,427	2,653	2	11,082
American Samoa	0	0	0	3	0	0	0	0	0	0	0	0	10	0	0	10
Arizona	2,215	620	0	1,170	294	0	423	94	0	92	23	0	15,913	5,160	0	21,073
Arkansas	509	165	0	613	110	0	199	15	0	0	0	0	6,302	1,070	0	7,380
California	14,100	2,400	0	7,300	1,200	0	1,500	200	0	0	0	0	91,000	20,900	0	111,900
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	39,001	7,509	5,806	52,556
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10,094	2,711	0	12,805
Delaware	498	64	0	392	70	0	120	16	0	0	0	0	3,432	710	0	4,142
District of Col	651	166	0	264	67	0	26	7	0	0	0	0	4,395	1,117	0	5,512
Florida	N/A	N/A	9,153	N/A	N/A	5,211	N/A	N/A	1,506	N/A	N/A	0	48,737	12,370	0	61,115
Georgia	6,431	1,297	0	3,410	665	0	1,067	206	0	0	0	0	32,256	7,070	0	39,326
Hawaii	218	24	0	97	22	0	23	6	0	100	0	0	1,971	470	0	2,449
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,255	804	0	4,059
Illinois	N/A	N/A	8,035	N/A	N/A	1,020	N/A	N/A	1,153	N/A	N/A	0	43,301	9,065	137	52,503
Indiana	N/A	N/A	2,326	N/A	N/A	1,136	N/A	N/A	313	N/A	N/A	0	16,857	4,944	0	21,001
Iowa	298	99	0	160	40	0	46	10	0	N/A	N/A	450	3,500	1,056	450	5,014
Kansas	820	119	0	334	39	0	142	11	0	N/A	N/A	6	7,492	1,439	6	8,937
Kentucky	883	133	0	596	65	0	214	11	0	1,571	558	0	9,932	2,032	0	11,964
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7,771	4,500	0	12,279
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,843	2,396	0	8,439
Maryland	2,017	335	0	1,002	147	0	250	29	0	0	0	0	17,871	3,323	0	21,194
Massachusetts	7,325	1,293	0	3,961	695	0	1,234	181	0	0	0	0	51,890	11,747	0	63,645
Michigan	2,900	583	0	1,327	279	0	312	89	0	163	56	140	30,000	7,200	140	37,348
Minnesota	4,356	583	0	2,750	318	0	1,250	173	0	0	0	0	27,853	5,201	5	33,139
Mississippi	616	98	0	295	48	0	88	15	0	3	0	0	5,842	891	40	6,773
Missouri	2,615	292	0	1,337	127	0	347	16	0	3	0	0	15,708	3,211	0	18,919
Montana	792	507	0	340	217	0	172	112	0	0	0	0	6,670	4,176	0	10,854
Nebraska	1,697	385	0	1,289	160	0	347	55	0	0	0	0	14,175	4,582	0	18,757
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,204	1,393	0	10,597
New Hampshire	182	83	4	87	42	6	16	14	2	15	10	7	2,000	851	63	2,922
New Jersey	2,014	442	0	1,016	159	0	225	56	0	N/A	N/A	13	17,476	4,138	13	21,627
New Mexico	1,240	312	0	520	134	0	0	0	0	0	0	0	10,618	2,660	0	13,278
New York	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	106,234	38,895	0	145,129
North Carolina	2,501	402	0	1,349	213	0	364	58	0	0	0	0	13,920	2,520	0	16,448
North Dakota	93	26	0	51	8	0	20	3	0	N/A	N/A	5	847	271	5	1,123
Ohio	1,674	421	0	954	239	0	225	57	0	526	132	0	14,848	3,729	0	18,577
Oklahoma	1,095	119	0	497	45	0	275	13	0	0	1	0	6,096	1,041	0	7,137
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24,348	6,412	0	30,760
Pennsylvania	4,090	875	0	2,170	365	0	578	101	0	0	0	0	33,922	7,940	0	41,862
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,120	3,120
Rhode Island	233	67	0	22	6	0	22	6	0	3,600	609	4,094	5,733	1,274	6,615	13,622
South Carolina	2,549	409	0	1,309	237	0	425	62	0	N/A	N/A	1,212	18,342	3,713	1,212	23,267
South Dakota	331	103	0	176	59	0	69	20	0	0	0	0	3,206	1,491	0	4,697
Tennessee	767	217	0	347	98	0	99	23	0	1	0	0	6,616	1,870	0	8,486
Texas	1,007	175	0	383	55	0	86	4	0	19,878	4,969	0	25,168	6,312	0	31,480
Utah	1,164	91	0	599	76	0	97	37	0	N/A	N/A	3,906	8,571	1,332	3,906	13,889
Vermont	247	75	0	117	28	0	31	15	0	0	2	0	2,070	902	0	2,980
Virgin Islands	13	5	0	6	1	0	2	0	0	0	0	0	67	15	34	116
Virginia	4,264	664	0	2,040	347	0	559	94	0	0	0	0	30,237	5,452	0	35,689
Washington	N/A	N/A	5,366	N/A	N/A	2,768	N/A	N/A	1,270	N/A	N/A	195	N/A	N/A	41,070	41,870
West Virginia	1,026	127	0	529	16	0	292	30	0	0	0	0	8,448	1,417	0	9,865
Wisconsin	3,799	1,219	0	2,049	657	0	779	249	0	4,226	2,179	0	30,611	13,220	0	51,831
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	516	516
TOTALS	70,456	15,222	24,884	41,173	7,423	10,149	11,936	2,109	4,244	30,186	8,547	10,100	919,831	236,400	64,100	1,220,331

A = Data are for number of clients served instead of number of admissions.

B = Breakout of admissions by age for 18-29 and 21-24 categories are estimates.

C = Breakout of admissions by some of the age categories are estimates.

D = Alcohol and drug clients are combined.

E = Client admissions information is for calendar year 1985 and is estimated.

N/A = Information not available.

NR = Not Reported

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1986.

partial data. (See Table 12). Among the States reporting data, the percent of client admissions that fell within the race/ethnicity categories specified were as follows:

<u>Race/Ethnicity</u>	<u>Percent of Admissions</u>
White, not of Hispanic origin	68.9%
Black, not of Hispanic origin	15.5%
Hispanic	6.2%
Asian or Pacific Islander	.3%
Native American	3.0%
Other	.2%
Not Reported	5.9%

TABLE 12

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY
AND STATE FOR FISCAL YEAR 1986

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	4,161	1,091	N/A	N/A	N/A	16	0	5,268 A
Alaska	5,394	169	118	25	5,289	79	26	11,082
American Samoa	2	0	0	0	0	0	0	10
Arizona	12,516	697	2,939	0	4,788	78	135	21,073
Arkansas	6,019	1,300	29	3	29	0	0	7,380
California	76,290	20,800	11,300	500	2,300	800	0	111,900
Colorado	32,202	2,334	10,267	0	1,867	0	5,886	52,556
Connecticut	9,567	2,103	1,095	0	0	40	0	12,805 A
Delaware	3,022	1,056	64	0	0	0	0	4,142
District of Col	435	4,954	104	6	0	0	5	5,512
Florida	51,011	7,051	2,679	45	184	145	0	61,115
Georgia	26,371	12,816	67	19	29	24	0	39,326
Hawaii	1,354	64	93	547	132	149	110	2,449
Idaho	3,611	20	225	N/A	177	0	26	4,059
Illinois	36,421	12,593	2,556	57	422	0	454	52,503
Indiana	17,637	2,901	384	18	34	27	0	21,001
Iowa	4,244	123	55	3	136	6	447	5,014
Kansas	7,170	842	381	27	467	7	43	8,937
Kentucky	10,640	1,105	4	1	2	0	294	11,964
Louisiana	8,132	4,099	N/A	16	32	0	0	12,279
Maine	N/A	N/A	N/A	N/A	N/A	N/A	0,439	0,439 B
Maryland	14,414	6,588	109	46	37	0	0	21,194
Massachusetts	55,265	5,706	2,074	34	389	177	0	63,645
Michigan	29,869	5,713	830	N/A	729	105	102	37,348
Minnesota	24,866	1,369	6,047	503	40	68	246	33,139
Mississippi	4,380	2,295	0	0	57	5	36	6,773
Missouri	13,891	4,736	139	18	135	0	0	18,919
Montana	9,058	33	125	5	1,608	25	0	10,854
Nebraska	14,647	971	526	0	2,513	0	100	18,757 B
Nevada	8,489	627	452	0	902	123	4	10,597
New Hampshire	2,834	22	9	10	9	5	33	2,922
New Jersey	14,363	5,686	1,470	59	20	0	21	21,627
New Mexico	3,626	188	5,403	12	3,797	20	152	13,278
New York	94,769	33,009	14,223	726	871	435	1,016	145,129 C
North Carolina	11,875	4,289	20	0	236	14	14	16,448
North Dakota	1,023	3	2	2	77	1	15	1,123
Ohio	14,400	3,200	192	N/A	N/A	127	650	18,577
Oklahoma	5,172	468	75	7	1,396	19	0	7,137
Oregon	26,791	635	1,287	149	1,898	0	0	30,760
Pennsylvania	30,394	10,404	877	38	69	0	0	41,862
Puerto Rico	0	0	3,120	0	0	0	0	3,120
Rhode Island	3,218	131	30	2	18	26	10,197	13,622
South Carolina	15,832	6,126	59	12	25	0	1,213	23,267
South Dakota	3,806	27	0	0	823	41	0	4,697
Tennessee	7,243	1,202	16	4	14	6	1	8,486
Texas	4,129	1,009	1,187	10	39	0	25,106	31,480
Utah	7,443	226	1,085	17	1,068	0	4,050	13,889
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	2,900	2,900
Virgin Islands	14	43	11	0	0	14	34	116
Virginia	25,425	8,809	379	69	52	8	947	35,689
Washington	32,287	2,384	1,863	222	3,004	123	1,987	41,870
West Virginia	8,585	1,215	51	2	12	0	0	9,865
Wisconsin	37,062	6,308	1,289	44	709	14	6,405	51,831
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	516	516
TOTALS	841,279	189,700	75,390	3,266	36,362	2,726	71,600	1,220,331
PERCENT OF TOTAL	68.9%	15.5%	6.2%	.3%	3.0%	.2%	5.9%	100.0%

A = Data are for number of clients served instead of client admissions.

B = Includes both alcohol and drug admissions.

C = All client admissions information is for calendar year 1985 and is estimated.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units
"which received some funds administered by the State Alcohol Agency" during Fiscal Year 1986.

2. Client Admissions to Treatment Services for Drug Abuse and Dependency (Tables 13, 14, 15, 16, 17, 18)

This subsection includes client data organized under three topic headings including:

- o Client admissions data by environment and modality;
- o Client admissions data by sex, age, and race/ethnicity; and
- o Client admissions data by primary drug of abuse.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Modality

Each State Drug (and combined alcohol and drug) Agency was asked to provide data on the "number of DRUG treatment client admissions during FY 1986" in all units which received at least "some funds administered by the State Drug Agency". The information requested included client admissions data organized by environment (hospital, residential, or outpatient) and by modality (detoxification, maintenance, or drug-free). (See Table 13)

A total of 45 State Agencies, the District of Columbia, Puerto Rico and the Virgin Islands provided at least partial data on drug client treatment admissions by modality and environment. The total of drug client treatment admissions during FY 1986 for these State Agencies was 385,593. Of the drug client admissions, 17,727 (4.6%) were to hospitals, 68,678 (17.8%) to residential facilities, 278,368 (72.2%) to outpatient environments and 20,820 (5.4%) admissions were not specified as to environment.

In terms of treatment modality, 45,236 drug client admissions were for detoxification, 38,294 for maintenance and 281,243 for drug-free types of treatment services. Within each of these three types of treatment modalities, the type of environment most often utilized was outpatient. The outpatient environment was utilized for 42.3 percent of the detoxification admissions, 97.1 percent of the maintenance admissions, and 79.0 percent of the drug-free admissions.

In interpreting the client admissions data, it is important to note that the figures include only those programs that received some State Drug Agency funds. The data do not include facilities that received no State Drug Agency administered funds during FY 1986. It is also important to note that some States were not able to report the information in the format requested.

TABLE 13

(PAGE 1 OF 2)

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1986

STATE	DETOXIFICATION				MAINTENANCE			
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	0	N/A	N/A	0	99	0	474	573 A
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	268	268
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	4	98	10	112	0	0	868	868
Arkansas	147	0	0	147	0	0	0	0
California	0	1,440	6,938	8,378	0	9	1,093	1,012
Colorado	0	0	0	0	0	0	751	751
Connecticut	0	0	834	834	0	17	1,084	1,901 A
Delaware	0	368	0	368	0	0	130	130
District of Col	12	0	933	945	0	0	746	746
Florida	0	652	146	798	0	0	1,308	1,308
Georgia	1,828	0	344	2,172	0	0	302	302
Hawaii	0	0	50	50	0	56	57	113
Idaho	N/A	152	0	152	0	0	0	0 B
Illinois	N/A	138	N/A	138	N/A	151	1,923	2,074
Indiana	0	1,964	0	1,964	0	0	420	420
Iowa	0	10	0	10	0	1	42	43
Kansas	0	431	0	431	0	0	0	0
Kentucky	308	435	19	762	0	30	146	176
Louisiana	0	520	0	520	0	0	0	0
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Maryland	6	0	994	1,000	19	0	1,849	1,868
Massachusetts	0	1,446	817	2,263	0	0	893	893
Michigan	0	1,485	145	1,630	0	0	2,004	2,004
Minnesota	0	0	0	0	0	0	54	54
Mississippi	360	247	0	607	0	0	0	0
Missouri	96	350	3	449	0	0	387	387
Montana	40	36	0	84	0	0	0	0
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Nevada	0	271	0	271	0	0	290	290
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	0	347	4,605	4,952	0	0	2,010	2,010
New Mexico	1,050	0	0	1,050	0	0	1,039	1,039
New York	395	0	1,417	1,812	0	648	10,043	10,691
North Carolina	0	0	45	45	0	0	0	0
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	10	0	0	10	0	0	672	672
Pennsylvania	4,462	1,384	65	5,911	0	0	2,027	2,027
Puerto Rico	0	1,497	1,165	2,662	0	0	1,570	1,570
Rhode Island	226	0	90	316	0	0	112	112
South Carolina	0	813	0	813	0	0	104	104
South Dakota	0	173	0	173	N/A	N/A	N/A	N/A
Tennessee	N/A	873	0	873	N/A	0	147	147
Texas	1	1	14	16	4	0	847	851
Utah	164	34	13	211	0	44	154	198
Vermont	0	N/A	0	0	0	0	0	0
Virgin Islands	0	0	0	0	0	3	34	37
Virginia	333	536	471	1,340	0	18	987	1,005
Washington	0	479	0	479	0	0	1,171	1,171
West Virginia	85	9	0	94	0	0	0	0
Wisconsin	338	48	0	386	0	0	479	479
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	9,881	16,229	19,126	45,236	122	977	37,195	38,294
PERCENT OF TOTAL	21.8%	35.9%	42.3%	100.0%	.3%	2.6%	97.1%	100.0%

A = Data are for number of clients served instead of client admissions.

B = Admissions to residential environmental for detoxification may include some hospital admissions.
Admissions to outpatient environment for drug free care include 3 admissions that cannot be broken out by type of care.

C = See alcohol admissions table; it includes both alcohol and drug admissions.

D = Admissions to outpatient environment for drug free care include 108 clients in treatment for drug dependent significant others.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units "which received some funds administered by the State Drug Agency" during Fiscal Year 1986.

TABLE 13

(PAGE 2 OF 2)

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1986

STATE	DRUG FREE				TOTALS				TOTAL
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	NOT REPORTED	
Alabama	0	222	1,767	1,989	99	222	2,241	0	2,562
Alaska	N/A	689	488	1,177	N/A	689	756	0	1,445
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	20	861	4,479	5,360	24	959	5,357	0	6,340
Arkansas	0	685	1,369	2,054	147	685	1,369	0	2,201
California	0	5,559	22,879	28,438	0	7,000	30,820	1,054	38,882
Colorado	0	150	2,771	2,921	0	150	3,522	0	3,672
Connecticut	0	1,459	2,811	4,270	0	1,476	5,529	0	7,005
Delaware	0	44	668	712	0	404	798	0	1,202
District of Col	0	154	3,130	3,284	12	154	4,809	0	4,975
Florida	0	2,360	6,730	9,090	0	3,020	8,184	0	11,204
Georgia	0	1,580	7,435	9,015	1,820	1,580	8,081	0	11,497
Hawaii	0	177	413	590	0	233	520	0	753
Idaho	0	125	1,390	1,515	0	277	1,390	0	1,675
Illinois	N/A	1,767	3,977	5,744	N/A	2,056	5,900	154	8,110
Indiana	402	653	3,023	4,078	402	2,617	3,443	0	6,462
Iowa	3	505	716	1,224	3	516	766	165	1,450
Kansas	0	473	1,071	1,544	0	904	1,071	0	1,975
Kentucky	3	295	1,842	2,140	311	760	2,007	0	3,078
Louisiana	0	723	4,066	4,789	8	1,243	4,066	0	5,317
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	0	464	11,886	12,350	25	464	14,729	0	15,218
Massachusetts	0	1,060	9,284	10,344	0	2,506	10,994	0	13,500
Michigan	0	3,812	6,667	10,479	0	5,297	8,816	0	14,113
Minnesota	1,723	1,213	804	3,740	1,723	1,213	850	0	3,794
Mississippi	0	0	622	622	360	247	622	0	1,229
Missouri	0	1,273	2,079	4,152	96	1,623	3,269	0	4,988
Montana	0	223	1,590	1,813	48	259	1,590	0	1,905
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	0	344	387	731	0	615	677	5	1,297
New Hampshire	0	73	671	744	0	73	671	0	744
New Jersey	70	1,320	4,550	5,940	70	1,667	11,165	0	12,902
New Mexico	69	150	2,323	2,542	1,119	150	3,362	0	4,631
New York	0	8,535	48,744	57,279	395	9,183	60,204	0	69,782
North Carolina	0	340	2,448	2,788	0	340	2,493	0	2,833
North Dakota	N/A	N/A	1,104	1,104	N/A	N/A	1,104	0	1,104
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	17,164	17,164
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,241	2,241
Oregon	0	221	3,522	3,743	10	221	4,194	0	4,425
Pennsylvania	763	5,060	11,522	17,345	5,225	6,444	13,614	0	25,283
Puerto Rico	0	2,329	4,276	6,605	0	3,826	7,011	0	10,837
Rhode Island	0	106	1,454	1,560	226	106	1,656	0	1,988
South Carolina	529	91	3,629	4,249	529	904	3,733	0	5,166
South Dakota	0	160	991	1,151	N/A	333	991	0	1,324
Tennessee	959	552	2,559	4,070	959	1,425	2,706	0	5,090
Texas	2,701	2,210	10,965	15,956	2,706	2,211	11,826	0	16,823
Utah	0	445	983	1,428	164	523	1,150	0	1,837
Vermont	0	911	937	1,848	0	911	937	20	1,868
Virgin Islands	0	14	33	47	0	17	67	0	84
Virginia	30	859	5,906	6,075	363	1,413	7,444	17	9,237
Washington	0	653	5,447	6,100	0	1,132	6,618	0	7,750
West Virginia	194	106	767	1,147	279	195	767	0	1,241
Wisconsin	178	371	3,976	4,525	516	419	4,455	0	5,390
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	7,724	51,472	222,047	281,243	17,727	68,678	278,368	20,820	385,593
PERCENT OF TOTAL	2.7%	18.3%	79.0%	100.0%	4.6%	17.0%	72.2%	5.4%	100.0%

A = Data are for number of clients served instead of admissions.

B = Admissions to residential environment for detoxification may include some hospital admissions. Admissions to outpatient environment for drug free care include 3 admissions that cannot be broken out by type of care.

C = See alcohol admissions table; it includes both alcohol and drug admissions.

D = Admissions to outpatient environment for drug free care include 108 clients in treatment for drug dependent significant others.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units which received some funds administered by the State Drug Agency during Fiscal Year 1986.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Drug (and combined alcohol and drug) Agency was asked to provide data on "the number of DRUG treatment client admissions during FY 1986" in all units "which received some funds administered by the State Drug Agency" in each of a number of specific sex, age and race/ethnicity categories.

Forty-six States, the District of Columbia, Puerto Rico and the Virgin Islands reported drug client admissions data by sex: (See Table 14). Overall nearly 65 percent of the drug client admissions were male, over 31 percent were female. Data on sex was not reported for 4.1 percent of the drug client admissions.

Thirty-seven State Agencies, and the District of Columbia provided information on drug client admissions by age. (See Table 15). The proportions of client admissions that fell within the age-range categories requested were as follows:

<u>Age</u>	<u>Percent of Admissions</u>
Under 18	8.2%
18-20	6.0%
21-24	10.8%
25-34	27.4%
35-44	9.7%
45-54	2.0%
55-64	.6%
65 and over	.2%
Not reported	35.2%

In comparing total drug admissions by age with total alcohol client admissions, it is clear that the drug clients tend to be younger, while the alcohol clients tend to be older (e.g., 52.4% of drug clients are under 35 years of age compared to 36.0% of alcohol clients).

With regard to drug client treatment admissions by age and sex, a total of 34 States, the District of Columbia, Puerto Rico and the Virgin Islands provided at least partial data according to the age categories specified. (See Table 16). A number of States encountered problems in reporting client admissions data by age and sex combined. The increased male ratio with increased age did not appear as in the alcoholism clients. In fact, male clients represented only 57.6% of these over age 65.

With regard to drug client treatment admissions information by race/ethnicity, a total of 45 States, the District of Columbia, Puerto Rico and the Virgin Islands provided at least partial data. (See Table 17). Among the States reporting data, the percent of clients that fell within the race/ethnicity categories specified were as follows:

TABLE 14

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS
BY SEX AND STATE FOR FISCAL YEAR 1986

STATE	SEX			TOTAL
	MALE	FEMALE	NOT REPORTED	
Alabama	1,638	924	0	2,562 A
Alaska	1,011	434	0	1,445
American Samoa	N/A	N/A	N/A	N/A
Arizona	4,190	2,150	0	6,340
Arkansas	1,627	574	0	2,201
California	24,283	14,599	0	38,882
Colorado	2,607	1,065	0	3,672
Connecticut	4,900	2,105	0	7,005 A
Delaware	918	284	0	1,202
District of Col	3,929	1,046	0	4,975
Florida	8,183	3,021	0	11,204
Georgia	8,169	3,328	0	11,497
Hawaii	477	276	0	753
Idaho	987	688	0	1,675
Illinois	5,668	2,288	154	8,110
Indiana	4,941	1,521	0	6,462
Iowa	984	345	121	1,450
Kansas	1,548	427	0	1,975
Kentucky	2,193	885	0	3,078
Louisiana	3,705	1,612	0	5,317
Maine	N/A	N/A	N/A	N/A B
Maryland	11,815	3,403	0	15,218
Massachusetts	8,674	4,826	0	13,500
Michigan	9,851	4,197	65	14,113
Minnesota	2,925	869	0	3,794
Mississippi	974	248	7	1,229
Missouri	3,824	1,164	0	4,988
Montana	1,344	561	0	1,905
Nebraska	N/A	N/A	N/A	N/A B
Nevada	799	498	0	1,297
New Hampshire	512	223	9	744
New Jersey	8,914	3,988	0	12,902
New Mexico	3,318	1,313	0	4,631
New York	41,402	28,380	0	69,782
North Carolina	2,075	758	0	2,833
North Dakota	827	274	3	1,104
Ohio	11,372	5,792	0	17,164
Oklahoma	1,373	868	0	2,241
Oregon	2,797	1,628	0	4,425
Pennsylvania	16,712	8,571	0	25,283
Puerto Rico	2,814	330	7,693	10,837
Rhode Island	1,288	700	0	1,988
South Carolina	3,691	1,475	0	5,166
South Dakota	989	335	0	1,324
Tennessee	3,279	1,811	0	5,090
Texas	12,483	4,340	0	16,823
Utah	1,305	531	1	1,837
Vermont	1,306	562	0	1,868
Virgin Islands	67	17	0	84
Virginia	6,514	2,723	0	9,237
Washington	N/A	N/A	7,750	7,750
West Virginia	871	370	0	1,241
Wisconsin	3,558	1,832	0	5,390
Wyoming	N/A	N/A	N/A	N/A
TOTALS	249,631	120,159	15,803	385,593
PERCENT OF TOTAL	64.7%	31.2%	4.1%	100.0%

A = Data are for number of clients served instead of client admissions.

B = See alcohol admissions table; it includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units "which received some funds administ by the State Drug Agency" during Fiscal Year 1986.

TABLE 15

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1986

STATE	UNDER							AGE 65 AND OVER	NOT REPORTED	TOTAL
	AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64			
Alabama	176	193	421	1,188	331	88	44	121	0	2,562 A
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,445	1,445
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	1,312	617	822	1,611	1,618	135	136	52	45	6,340
Arkansas	262	310	425	914	221	41	23	5	0	2,291 B
California	4,025	3,752	6,984	17,206	5,685	1,087	193	30	0	38,882
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,672	3,672
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7,005	7,005 A
Delaware	134	124	192	568	156	26	2	0	0	1,292
District of Col	211	38	409	1,891	1,276	785	292	73	0	4,975
Florida	2,136	1,110	1,968	4,514	1,170	178	54	20	54	11,294
Georgia	729	946	1,948	5,378	1,798	441	183	74	0	11,497
Hawaii	295	19	66	230	88	51	2	0	2	753
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,675	1,675
Illinois	1,615	833	940	2,755	1,516	282	8	7	154	8,110 C
Indiana	599	531	868	2,003	1,301	715	350	95	0	6,462
Iowa	147	192	286	550	18	124	9	3	121	1,450
Kansas	137	287	480	844	182	20	12	5	0	1,975
Kentucky	227	272	658	1,079	485	130	156	65	6	3,078
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5,317	5,317
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A D
Maryland	2,250	1,495	2,929	6,303	1,882	202	66	11	0	15,218
Massachusetts	1,889	1,096	2,140	5,937	1,951	350	115	22	0	13,500
Michigan	1,735	1,033	1,779	6,806	2,241	250	72	50	139	14,113
Minnesota	131	557	934	1,615	463	67	17	10	0	3,794
Mississippi	56	87	259	468	170	86	73	23	7	1,229
Missouri	295	669	1,241	2,003	504	85	21	8	2	4,988
Montana	429	265	386	348	495	47	16	9	0	1,905
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A D
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,297	1,297
New Hampshire	155	93	120	275	68	10	4	3	16	744
New Jersey	609	825	1,914	6,784	2,428	294	40	3	5	12,902
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,631	4,631
New York	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	69,782	69,782 E
North Carolina	366	315	513	1,277	307	40	11	4	0	2,833
North Dakota	99	141	223	356	169	56	43	14	3	1,104
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	17,164	17,164
Oklahoma	498	176	404	858	243	46	11	5	0	2,241
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,425	4,425
Pennsylvania	3,857	2,252	3,837	10,997	4,094	760	214	72	0	25,283
Puerto Rico	227	374	711	1,323	436	53	17	3	7,693	10,837
Rhode Island	338	190	335	888	204	23	5	5	0	1,988
South Carolina	1,258	528	764	1,857	561	125	34	39	0	5,166
South Dakota	349	161	264	402	102	34	8	4	0	1,324
Tennessee	592	492	896	2,312	543	151	70	34	0	5,090
Texas	752	562	1,141	2,735	954	156	36	3	10,484	16,823
Utah	215	212	354	806	183	36	28	2	1	1,837
Vermont	250	244	372	711	218	49	8	5	11	1,868
Virgin Islands	2	5	12	44	21	0	0	0	0	84
Virginia	1,285	786	1,470	4,229	1,213	153	45	56	0	9,237
Washington	1,657	712	1,162	2,972	1,039	166	31	11	0	7,750
West Virginia	139	137	143	584	159	56	18	5	0	1,241
Wisconsin	788	395	701	2,129	757	137	31	7	445	5,390
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	31,426	23,026	41,479	105,830	37,232	7,543	2,498	958	135,601	385,593
PERCENT OF TOTAL	8.2%	6.0%	10.8%	27.4%	9.7%	2.0%	.6%	.2%	35.2%	100.0%

A = Data are for number of clients served instead of client admissions.

B = Breakout of admissions by age for 18-20 and 21-24 categories are estimates.

C = Breakout of admissions by some age categories are estimates.

D = See alcohol admissions table; it includes both alcohol and drug admissions.

E = New York maintains drug client admissions data by different age categories.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units which received some funds administered by the State Drug Agency during Fiscal Year 1986.

TABLE 16

(Page 1 of 2)

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1986

STATE	UNDER AGE 18			18 TO 20			21 TO 24			25 TO 34			35 TO 44		
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR
Alabama	113	63	0	128	70	0	269	152	0	768	428	0	212	119	0 A
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	928	392	0	454	163	0	605	217	0	992	619	0	992	618	0
Arkansas	191	71	0	246	64	0	319	106	0	689	225	0	155	66	0 B
California	2,883	1,142	0	2,474	1,278	0	4,025	2,959	0	18,019	7,107	0	3,933	1,752	0
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	114	20	0	106	18	0	140	52	0	410	150	0	130	26	0
District of Col	167	44	0	30	0	0	319	90	0	2,494	397	0	1,009	267	0
Florida	1,534	602	0	876	234	0	1,476	492	0	3,182	1,332	0	888	282	0
Georgia	570	159	0	706	248	0	1,379	569	0	3,814	1,564	0	1,273	525	0
Hawaii	167	128	0	15	4	0	48	18	0	147	83	0	66	22	0
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	1,615	N/A	N/A	833	N/A	N/A	940	N/A	N/A	2,755	N/A	N/A	1,516 C
Indiana	N/A	N/A	599	N/A	N/A	531	N/A	N/A	868	N/A	N/A	2,003	N/A	N/A	1,301
Iowa	101	46	0	155	37	0	232	54	0	396	154	0	86	38	0
Kansas	116	21	0	237	50	0	412	76	0	629	215	0	138	44	0
Kentucky	157	70	0	194	70	0	475	183	0	767	312	0	339	146	0
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	1,595	655	0	1,279	216	0	2,355	574	0	4,023	1,400	0	1,477	405	0
Massachusetts	1,210	679	0	754	342	0	1,368	772	0	3,851	2,006	0	1,239	712	0
Michigan	1,295	440	0	794	239	0	1,220	559	0	4,594	2,212	0	1,663	578	0
Minnesota	86	45	0	451	106	0	733	201	0	1,221	394	0	372	91	0
Mississippi	43	13	0	66	21	0	217	42	0	353	115	0	140	30	0
Missouri	200	87	0	500	89	0	904	257	0	1,529	554	0	440	144	0
Montana	303	126	0	200	57	0	300	86	0	248	100	0	260	145	0
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	105	50	0	65	28	0	83	34	0	191	80	0	51	17	0
New Jersey	452	157	0	604	221	0	1,323	591	0	4,461	2,323	0	1,000	620	0
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Carolina	296	70	0	253	62	0	375	138	0	804	393	0	229	78	0
North Dakota	50	49	0	106	35	0	181	42	0	259	97	0	142	27	0
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	351	147	0	60	116	0	263	141	0	519	339	0	151	92	0
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	2,063	994	0	1,540	712	0	2,472	1,365	0	7,367	3,630	0	2,762	1,332	0
Puerto Rico	222	5	0	352	22	0	633	78	0	1,140	183	0	397	39	0
Rhode Island	233	105	0	132	50	0	222	113	0	562	326	0	126	70	0
South Carolina	905	353	0	417	111	0	552	212	0	1,332	525	0	384	177	0
South Dakota	208	141	0	132	29	0	207	57	0	325	77	0	85	17	0
Tennessee	440	152	0	343	149	0	609	287	0	1,461	851	0	328	215	0
Texas	575	177	0	450	112	0	830	311	0	1,990	745	0	769	185	0
Utah	167	48	0	150	54	0	267	87	0	560	246	0	118	65	0
Vermont	164	86	0	157	87	0	270	102	0	510	193	0	153	65	0
Virgin Islands	1	1	0	3	2	0	8	4	0	38	6	0	17	4	0
Virginia	1,001	284	0	623	163	0	906	484	0	2,026	1,403	0	884	329	0
Washington	N/A	N/A	1,657	N/A	N/A	712	N/A	N/A	1,162	N/A	N/A	2,972	N/A	N/A	1,039
West Virginia	107	32	0	84	53	0	99	44	0	414	170	0	113	46	0
Wisconsin	521	267	0	261	134	0	463	238	0	1,405	724	0	499	250	0
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	19,634	7,921	3,871	15,493	5,462	2,076	26,719	11,787	2,970	67,170	31,926	7,730	23,820	9,662	3,856

A = Data are for number of clients served instead of client admissions.

B = Breakout of admissions by age for 18-20 and 21-24 categories are estimates.

C = Breakout of admissions by some age categories are estimates.

D = See alcohol admissions table; it includes both alcohol and drug admissions.

E = New York maintains drug client admissions data by different age categories.

N/A = Information not available.

NR = Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units "which received some funds administered by the State Drug Agency" during Fiscal Year 1986.

TABLE 16

(Page 2 of 2)

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1986

STATE	45 to 54			55 to 64			65 and OVER			AGE NOT REPORTED			TOTALS			TOTAL
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	
Alabama	56	32	0	28	16	0	77	44	0	0	0	0	1,638	924	0	2,562
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,011	434	0	1,445
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84	51	0	85	51	0	24	28	0	34	11	0	4,190	2,150	0	6,340
Arkansas	19	22	0	6	17	0	2	3	0	0	0	0	1,627	574	0	2,201
California	768	239	0	159	34	0	22	0	0	0	0	0	24,283	14,509	0	38,892
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	2,687	1,065	0	3,752
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	4,900	2,105	0	7,005
Delaware	18	0	0	0	2	0	0	0	0	0	0	0	918	204	0	1,122
District of Col	621	164	0	231	61	0	58	15	0	0	0	0	3,929	1,046	0	4,975
Florida	132	46	0	38	16	0	14	6	0	43	11	0	8,183	3,821	0	11,204
Georgia	279	162	0	109	74	0	39	35	0	0	0	0	8,169	3,328	0	11,497
Hawaii	38	21	0	2	0	0	0	0	0	2	0	0	477	276	0	753
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	987	688	0	1,675
Illinois	N/A	N/A	282	N/A	N/A	0	N/A	N/A	7	N/A	N/A	154	5,668	2,288	154	8,110
Indiana	N/A	N/A	715	N/A	N/A	350	N/A	N/A	95	0	0	0	4,941	1,521	0	6,462
Iowa	9	9	0	4	5	0	1	2	0	N/A	N/A	121	984	345	121	1,450
Kansas	8	12	0	6	6	0	2	3	0	0	0	0	1,548	427	0	1,975
Kentucky	91	39	0	126	30	0	48	25	0	4	2	0	2,193	885	0	3,078
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,705	1,612	0	5,317
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	226	56	0	54	12	0	6	5	0	0	0	0	11,815	3,403	0	15,218
Massachusetts	187	163	0	56	59	0	9	13	0	0	0	0	8,674	4,826	0	13,500
Michigan	182	76	0	36	36	0	16	34	0	51	23	65	9,851	4,197	65	14,113
Minnesota	42	25	0	12	5	0	8	2	0	0	0	0	2,925	869	0	3,794
Mississippi	78	16	0	67	6	0	18	5	0	N/A	N/A	7	974	248	7	1,229
Missouri	66	19	0	12	9	0	3	5	0	2	0	0	3,824	1,164	0	4,988
Montana	19	28	0	6	10	0	0	9	0	0	0	0	1,344	561	0	1,905
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	799	498	0	1,297
New Hampshire	4	6	0	0	4	0	1	2	0	12	2	2	512	223	9	744
New Jersey	236	58	0	31	9	0	3	0	0	4	1	0	8,914	3,988	0	12,902
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,318	1,313	0	4,631
New York	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	41,482	28,388	0	69,870
North Carolina	32	8	0	5	6	0	1	3	0	0	0	0	2,875	758	0	3,633
North Dakota	44	12	0	34	9	0	11	3	0	N/A	N/A	3	827	274	3	1,104
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,372	5,792	0	17,164
Oklahoma	23	23	0	2	9	0	4	1	0	0	0	0	1,373	868	0	2,241
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	2,797	1,628	0	4,425
Pennsylvania	382	378	0	91	123	0	35	37	0	0	0	0	16,712	8,571	0	25,283
Puerto Rico	51	2	0	17	0	0	2	1	0	N/A	N/A	7,693	2,814	330	7,693	10,837
Rhode Island	12	11	0	1	4	0	0	5	0	0	0	0	1,288	700	0	1,988
South Carolina	59	66	0	18	16	0	24	15	0	0	0	0	3,691	1,475	0	5,166
South Dakota	25	9	0	5	3	0	2	2	0	0	0	0	989	335	0	1,324
Tennessee	61	90	0	22	48	0	15	19	0	0	0	0	3,279	1,811	0	5,090
Texas	132	24	0	32	4	0	3	0	0	7,782	2,782	0	12,483	4,340	0	16,823
Utah	22	14	0	12	16	0	1	1	0	N/A	N/A	1	1,305	531	1	1,837
Vermont	29	29	0	6	2	0	3	2	0	6	5	0	1,306	562	0	1,868
Virgin Islands	0	0	0	0	0	0	0	0	0	0	0	0	67	17	0	84
Virginia	123	38	0	37	8	0	34	22	0	0	0	0	6,514	2,723	0	9,237
Washington	N/A	N/A	166	N/A	N/A	31	N/A	N/A	11	0	0	0	N/A	N/A	7,750	7,750
West Virginia	36	20	0	14	4	0	4	1	0	0	0	0	871	370	0	1,241
Wisconsin	90	47	0	20	11	0	5	2	0	294	151	0	3,558	1,832	0	5,390
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	4,268	2,006	1,163	1,384	725	389	487	358	113	8,154	2,988	8,046	49,631	128,159	15,803	385,593

A = Data are for number of clients served instead of client admissions.
 B = Breakout of admissions by age for 18-29 and 21-24 categories are estimates.
 C = Breakout of admissions by some age categories are estimates.
 D = See alcohol admissions table; it includes both alcohol and drug admissions.
 E = New York maintains drug client admissions data by different age categories.

N/A = Information not available.
 NR = Not Reported.

Sources: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units which received some funds administered by the State Drug Agency during Fiscal Year 1986.

TABLE 17

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY
AND STATE FOR FISCAL YEAR 1986

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	2,935	523	N/A	0	0	4	0	2,562 A
Alaska	1,961	136	34	6	290	7	1	1,445
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	4,098	406	1,418	0	340	40	38	6,340
Arkansas	1,775	415	2	0	9	0	0	2,291
California	19,895	7,139	10,825	633	369	0	21	38,882
Colorado	2,570	257	771	0	37	37	0	3,672
Connecticut	4,515	1,559	774	0	0	96	61	7,005 A
Delaware	664	498	40	0	0	0	0	1,202
District of Col	387	4,434	138	6	19	0	0	4,975
Florida	7,326	2,616	934	18	26	0	284	11,284
Georgia	7,778	3,657	30	6	4	22	0	11,497
Hawaii	283	13	27	352	47	29	2	753
Idaho	1,551	10	60	0	39	0	15	1,675
Illinois	4,450	2,992	462	20	23	3	160	8,110
Indiana	5,427	892	118	6	10	9	0	6,462
Iowa	1,225	73	11	3	15	3	120	1,450
Kansas	1,559	305	60	5	35	5	6	1,975
Kentucky	2,690	296	0	0	0	3	89	3,078
Louisiana	3,521	1,775	N/A	7	14	0	0	5,317
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
Maryland	7,444	7,652	62	28	32	0	0	15,218
Massachusetts	10,603	1,503	1,196	29	32	137	0	13,500
Michigan	7,589	6,108	229	N/A	100	54	33	14,113
Minnesota	2,749	263	42	7	722	11	0	3,794
Mississippi	848	362	0	0	0	4	15	1,229
Missouri	3,351	1,500	39	3	15	0	0	4,988
Montana	1,512	11	38	1	343	0	0	1,905
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
Nevada	1,039	176	27	5	38	7	5	1,297
New Hampshire	717	10	2	1	0	4	10	744
New Jersey	7,063	4,256	1,541	0	0	37	5	12,982
New Mexico	1,496	80	2,354	0	664	37	0	4,631
New York	17,529	12,012	7,971	34	52	330	31,854	69,782
North Carolina	1,993	805	4	0	28	2	1	2,833
North Dakota	1,027	3	2	1	49	3	19	1,104
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	17,164	17,164
Oklahoma	1,758	240	20	3	213	7	0	2,241
Oregon	3,932	199	120	18	156	0	0	4,425
Pennsylvania	17,079	7,133	999	34	38	0	0	25,283
Puerto Rico	4	1	3,139	0	0	0	7,693	10,837
Rhode Island	1,772	131	44	2	6	33	0	1,988
South Carolina	3,686	1,454	11	12	3	0	0	5,166
South Dakota	987	13	0	0	317	7	0	1,324
Tennessee	3,936	1,134	5	2	5	5	3	5,090
Texas	2,876	924	2,504	10	11	0	10,498	16,823
Utah	1,546	71	170	7	28	0	15	1,837
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	1,868	1,868
Virgin Islands	29	32	21	0	0	2	0	84
Virginia	5,935	3,202	64	30	6	0	0	9,237
Washington	6,311	934	216	85	204	0	0	7,750
West Virginia	1,163	77	1	0	0	0	0	1,241
Wisconsin	3,369	1,325	229	0	25	4	438	5,390
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	192,153	79,607	36,754	1,374	4,265	942	70,418	385,593
PERCENT OF TOTAL	49.8%	20.7%	9.5%	.4%	1.1%	.2%	18.3%	100.0%

A = Data are for number of clients served instead of client admissions.

B = See alcohol admissions table; it includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units
which received some funds administered by the State Drug Agency during Fiscal Year 1986

Race/EthnicityPercent of Admissions

White, not of Hispanic origin	49.8%
Black, not of Hispanic origin	20.7%
Hispanic	9.5%
Asian or Pacific Islander	.4%
Native American	1.1%
Other	.2%
Not Reported	18.3%

A comparison of total drug client admissions with total alcohol client admissions in terms of race/ethnicity, indicates that drug clients include a higher proportion of Blacks, Hispanics, and Asian or Pacific Islanders. The alcohol clients include more Whites (68.9 percent compared to 49.8 percent among drug clients) and Native Americans (3.0 percent as compared to 1.1 percent among drug client admissions).

c. Client Admissions Data by Primary Drug of Abuse

Each State Drug (and combined alcohol and drug) Agency was asked to provide information on the number of client admissions by the primary drug of abuse. Forty-four States, the District of Columbia, Puerto Rico and the Virgin Islands provided at least partial data in response to this question. (See Table 18). The totals indicate that, overall, heroin constitutes the largest portion of drugs of choice (22.3%). However, in many States, cocaine or marijuana mentions exceeded the number of heroin mentions.

TABLE 18

(PAGE 1 OF 2)

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE
AND STATE FOR FISCAL YEAR 1986

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	TRANQUILIZERS	OTHER SEDATIVES/ HYPNOTICS	AMPHETAMINES	COCAINE
Alabama	542	N/A	N/A	144	N/A	22	37	207 A
Alaska	154	5	88	4	12	18	21	565
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	1,365	14	229	57	181	48	283	1,103
Arkansas	55	9	223	71	72	82	255	277
California	14,696	48	586	131	236	158	3,549	8,721
Colorado	558	12	282	15	78	12	289	844
Connecticut	3,483	88	179	21	16	14	29	1,159 A
Delaware	258	6	32	2	16	14	178	336
District of Col	2,582	18	52	14	2	1	33	512
Florida	1,382	62	626	94	112	128	88	4,456
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii	139	1	18	4	18	5	7	161
Idaho	51	1	34	9	11	18	188	138
Illinois	2,923	17	235	67	62	36	288	1,266
Indiana	427	N/A	416	N/A	N/A	773	799	667 E
Iowa	83	2	24	19	34	18	91	172
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky	14	8	275	118	88	132	82	148
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	5,211	143	276	85	168	47	254	2,857
Massachusetts	5,184	36	618	86	226	77	98	2,614
Michigan	3,646	61	893	74	172	66	285	4,687
Minnesota	269	8	371	N/A	8	377	592	813 F
Mississippi	18	4	55	26	29	24	16	114
Missouri	713	11	311	76	118	61	252	411
Montana	49	8	92	28	71	27	219	279
Nebraska	36	4	67	61	78	89	318	289
Nevada	497	3	15	11	32	11	189	323
New Hampshire	35	1	8	7	18	8	18	256
New Jersey	7,812	142	399	286	122	57	783	2,347
New Mexico	1,839	14	14	35	69	38	264	185
New York	16,264	588	543	233	422	165	317	8,389 G
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Dakota	8	8	5	6	8	8	18	8
Ohio	216	8	521	7	6	32	17	113
Oklahoma	216	9	132	37	55	32	242	288
Oregon	1,884	18	168	19	72	22	839	688
Pennsylvania	5,649	142	1,477	477	599	288	3,926	4,839
Puerto Rico	1,618	8	9	2	6	2	3	191
Rhode Island	377	37	138	24	139	16	46	656
South Carolina	542	12	295	97	144	67	173	1,117
South Dakota	6	8	5	8	2	6	16	25
Tennessee	56	18	882	154	176	146	145	782
Texas	2,824	7	189	76	29	31	1,813	718
Utah	368	3	144	28	47	18	128	419
Vermont	27	2	21	18	59	15	47	375 H
Virgin Islands	54	8	2	1	8	2	8	11
Virginia	2,888	19	783	183	188	147	363	1,399
Washington	1,981	22	312	33	58	46	262	949
West Virginia	7	8	181	68	115	92	33	129
Wisconsin	915	8	8	36	8	8	42	2,228 I
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	87,177	1,547	12,832	2,884	3,974	3,412	16,687	58,887

A = Number of clients served instead of clients admitted.

B = 41 clients entered as "Not Reported" are polydrug abusers.

C = Clients recently released from incarceration who enroll for treatment but not used drugs in the past 30 days are entered as Not Reported.

D = "Other" category includes 325 clients whose primary drug of abuse was alcohol.

E = "Other Sedatives and Hypnotics" includes Barbiturates and Tranquilizers; Non-Rx methadone included in Other Opiates and Synthetics; Inhalants included in "Other".

F = Clients may appear in more than one category. There are 1485 duplicated client admissions. Other sedatives includes barbiturates.

G = "Not Reported" category includes 1,183 clients who are polydrug abusers.

H = Includes 98 clients in treatment for drug dependent "significant other".

I = Admissions data are estimates.

J = Grand total for this client table differs from other drug tables due to the inclusion of 1,485 duplicated drug clients in Minnesota and 3,243 drug clients in Nebraska which were not depicted in other drug client tables.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units which received some funds administered by the State Drug Agency during Fiscal Year 1986

TABLE 18

(PAGE 2 OF 2)

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE
AND STATE FOR FISCAL YEAR 1986

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER- THE- COUNTER	OTHER	NOT REPORTED	TOTAL
Alabama	455	N/A	15	N/A	N/A	1,098	42	2,562 A
Alaska	532	0	13	4	0	4	41	1,445 B
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	2,276	53	99	111	14	303	301	6,340 C
Arkansas	1,042	16	32	41	4	22	0	2,201
California	5,316	4,373	200	110	47	710	1	38,882
Colorado	1,248	4	70	102	15	311	0	3,672
Connecticut	681	7	37	4	0	799	496	7,005 A
Delaware	342	2	14	0	0	2	0	1,202
District of Col	278	1,202	10	4	0	187	0	4,975
Florida	3,464	2	56	34	10	52	646	11,204
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	11,497	11,497
Hawaii	399	1	0	7	2	4	3	753
Idaho	712	0	7	7	2	590	3	1,675
Illinois	2,302	109	93	36	10	330	416	8,110 D
Indiana	2,627	171	206	N/A	N/A	206	0	6,462 E
Iowa	841	3	27	11	3	2	120	1,450
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	1,975	1,975
Kentucky	766	144	71	17	2	908	233	3,070
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	5,317	5,317
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	4,617	1,375	117	76	21	779	0	15,218
Massachusetts	2,575	61	114	5	7	1,005	10	13,500
Michigan	3,838	62	123	31	12	323	0	14,113
Minnesota	2,493	0	169	44	0	71	0	5,199 F
Mississippi	373	1	5	9	1	205	357	1,229
Missouri	2,621	101	51	57	10	115	0	4,908
Montana	991	6	59	45	0	39	0	1,905
Nebraska	1,907	1	90	16	15	200	N/A	3,243
Nevada	251	10	11	4	2	13	5	1,297
New Hampshire	354	0	18	0	2	26	9	744
New Jersey	616	114	160	14	32	89	1	12,902
New Mexico	2,272	46	46	213	46	74	204	4,631
New York	7,234	461	270	34	70	33,682	1,190	69,782 G
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	2,833	2,833
North Dakota	125	0	0	0	0	950	0	1,104
Ohio	364	3	18	3	12	121	15,731	17,164
Oklahoma	700	59	23	06	1	360	318	2,241
Oregon	1,512	6	47	31	2	5	0	4,425
Pennsylvania	4,526	197	257	101	31	107	2,615	25,203
Puerto Rico	1,200	0	2	24	0	7	7,693	10,837
Rhode Island	444	13	64	5	11	15	3	1,908
South Carolina	2,206	N/A	36	63	22	144	240	5,166
South Dakota	240	0	5	9	0	996	14	1,324
Tennessee	1,000	10	37	63	11	724	006	5,090
Texas	1,632	6	49	370	6	90	10,591	16,823
Utah	597	0	28	16	13	12	16	1,837
Vermont	1,042	0	15	3	5	14	117	1,868 H
Virgin Islands	14	0	0	0	0	0	0	84
Virginia	3,100	214	75	37	4	69	0	9,237
Washington	2,706	22	64	12	0	145	1,210	7,750
West Virginia	401	17	23	40	26	69	32	1,241
Wisconsin	2,114	0	0	0	33	0	0	5,390 I
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	77,602	9,040	3,022	1,716	512	47,193	65,254	390,241 J

A = Number of clients served instead of clients admitted.

B = 41 clients entered as "Not Reported" are polydrug abusers.

C = Clients recently released from incarceration who enroll for treatment but have not used drugs in the past 30 days are entered as Not Reported.

D = "Other" category includes 325 clients whose primary drug of abuse was alcohol.

E = "Other Sedatives and Hypnotics" includes Barbiturates and Tranquilizers; Non-Rx methadone included in Other Opiates and Synthetics; Inhalants included in "Other".

F = Clients may appear in more than one category. There are 1495 duplicated client admissions. Other sedatives includes barbiturates.

G = "Not Reported" category includes 1,103 clients who are polydrug abusers.

H = Includes 100 clients in treatment for drug dependent "significant other".

I = Admissions data are estimates.

J = Grand total for this client table differs from other drug client tables due to the inclusion of 1,495 duplicated drug clients in Minnesota and 3,243 drug clients in Nebraska which were not depicted in other drug client tables.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986; data are included for only those treatment units which received some funds administered by the State Drug Agency during Fiscal Year 1986.

3. Comparisons of Client Admissions Data for Fiscal Years 1984, 1985 and 1986

This subsection includes comparisons of alcohol and drug client admissions data reported for FY 1986 with that reported for FY 1984 and FY 1985. This material is organized under two topic headings as follows:

- o Comparisons of alcohol client admissions data; and
- o Comparisons of drug client admissions data.

Information on each of these areas is presented within the following paragraphs. Data analyses are included in this subsection only for those States that provided data for all three fiscal years.

a. Comparisons of Alcohol Client Admissions Data

For those State Agencies that provided alcohol client admissions information for Fiscal Years 1984, 1985 and 1986, a number of data comparisons were conducted. Forty-four States, the District of Columbia and Puerto Rico were able to provide information for all three years. The total alcohol client admissions for these State Agencies rose from 992,067 in FY 1984 to 1,051,892 in FY 1985 and to 1,093,056 in FY 1986, an increase of 100,989 admissions or just over 10 percent over two years. However, there exists considerable variability across individual States.

Among the 46 States and territories that provided data for all three years, admissions were down between FY 1985 and FY 1986 for a larger number of reporting entities (26 States, including District of Columbia and Puerto Rico) than those where admissions were up (20 States). Among some of the States that reported major increases in alcohol client admissions in FY 1986 (e.g., Texas, Nevada and Rhode Island), the changes may be related as much to the utilization of more comprehensive reporting systems than as to actual increases in the number of clients admitted to services. Therefore, considerable caution should be exercised in the interpretation of these data.

b. Comparisons of Drug Client Admissions Data

A number of data comparisons were conducted on those State Agencies that provided drug client admissions information for fiscal years 1984, 1985 and 1986. Most of these analyses were similar to the alcohol client comparisons. Forty States, the District of Columbia and Puerto Rico were able to provide information for all

three years. The total drug client admissions figures for these State Agencies rose from 255,512 in FY 1984 to 269,711 in FY 1985, and to 343,254 in FY 1986 (an increase of 87,742 admissions or over 34 percent over two years). These data reveal considerable variability across States in terms of increases or decreases in drug client admissions. The overall trend of significant increases in the number of drug client admissions is confirmed by the fact that 34 of the 42 States and territories having comparable drug client treatment admissions data reported increases in admissions. However, some of the States are attempting to utilize more comprehensive reporting systems. Therefore, considerable caution should be exercised in the interpretation of these data, since it is possible that the increased levels of drug admissions reported by States may be related not only to increased numbers of actual drug clients being admitted to treatment, but to more complete reporting due now possible through comprehensive data systems.

V. INTRAVENOUS (IV) DRUG ABUSE (Tables 19, 20)

Each State Alcohol and Drug Agency was asked to provide estimates relating to IV drug abuse for Fiscal Year (FY) 1986 for the total number of client admissions to treatment and the total number of IV drug abusers in the State. For the latter question, State Agencies were asked to indicate the basis for their estimate of the total number of IV drug abusers (i.e., direct measure, indirect measure, and/or informed "guesstimate"). A total of 24 State Agencies were able to provide an estimate for at least one of the two questions as indicated by Table 19.

There were 18 responses to the total number of drug treatment client admissions in State-funded programs during FY 1986 who were reported as IV drug abusers. Estimates of the number of IV drug abuser client treatment admissions ranged from a high of 16,403 in California to a low of 25 in Vermont. Colorado reported that IV drug abusers represented 28% of total client admissions. Thirty-three (33) State respondents indicated that the information requested was not available.

Seventeen (17) states provided data on the total number of IV drug abusers in the State. The highest estimates of IV drug abusers were provided by New York, California, and Texas, in that order. New York estimated 260,000, California estimated 222,000, and Texas estimated 159,264 IV drug abusers.

A total of 14 State respondents submitted data in response to both questions. The percent of estimated IV drug abusers within the State who were admitted to State-supported treatment programs is indicated in Table 20.

Table 20 indicates that Minnesota and Missouri admitted to treatment the highest percentage of IV drug abuse group, both with over 20 percent. New Jersey reported a similar high percent served by State-supported treatment programs. As mentioned earlier, data are not reported on the number of IV drug abusers served by non-State supported programs.

States were also asked to report the basis for their estimates of the total IV drug abuser population. The largest number of responding States reported that their estimates were based upon indirect measures or indicators. Three States reported that "guesstimates" were used, and four States indicated that a combination of methods was used.

TABLE 19

INTRAVENOUS (IV) DRUG ABUSER CLIENT TREATMENT ADMISSIONS TO STATE
FUNDED PROGRAMS AND ESTIMATES OF TOTAL IV ABUSERS BY STATE FOR FISCAL YEAR 1986

STATE	NUMBER OF ADMISSIONS WHO WERE IV DRUG ABUSERS	TOTAL NUMBER IV DRUG ABUSERS IN STATE	BASIS OF ESTIMATE
CALIFORNIA	16,403	222,000	IM
COLORADO	1,028	N/A	N/A
CONNECTICUT	5,127*	51,216*	IM
DISTRICT OF COLUMBIA	2,582	16,000	IM
FLORIDA	6,696	N/A	N/A
ILLINOIS	N/A	75,000	IM - IG
IOWA	N/A	21,000	DM - IG
MARYLAND	7,686	51,000	IM
MASSACHUSETTS	3,906	40,000 - 60,000	IM
MICHIGAN	N/A	50,000	IM - IG
MINNESOTA	960	4,500	IG
MISSOURI	1,233	30,000	DM - IG
NEW HAMPSHIRE	111	5,743	IM
NEW JERSEY	7,872	40,000	IM
NEW MEXICO	785	N/A	N/A
NEW YORK	8,889	260,000	IM
PENNSYLVANIA	6,500**	20,000	IG
PUERTO RICO	2,578	N/A	N/A
RHODE ISLAND	619	7,900	IM
TEXAS	3,312	159,264	IM
VERMONT	25	N/A	IG
VIRGIN ISLANDS.	58	N/A	N/A
WASHINGTON	2,915	N/A	N/A
WISCONSIN	365	3,500	IG
TOTAL	79,650	1,067,123***	

*Admissions and estimates are for calendar year 1985, not Fiscal Year 1986.

**Estimate.

***Total assumes midpoint of 50,000 for Massachusetts.

DM = Direct Measure, e.g., Prevalence Study.

IG = Informed Guesstimate.

IM = Indirect Measures or Indicator Data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1986.

TABLE 20

ESTIMATES OF PROPORTION OF IV DRUG ABUSERS
WHO ARE ADMITTED AS CLIENTS FOR TREATMENT
IN STATE FUNDED PROGRAMS BY STATE FOR FISCAL YEAR 1986

<u>State</u>	<u>Estimated % of Potential Clients Treated in State Funded Programs</u>
California	7.3
Connecticut	10.0
District of Columbia	16.1
Maryland	15.0
Massachusetts	7.8
Minnesota	21.3
Missouri	24.3
New Hampshire	1.9
New Jersey	19.6
New York	3.4
Pennsylvania	3.2
Rhode Island	7.8
Texas	2.0
Wisconsin	10.4

Cautionary Note:

These percents should be viewed as only rough approximations and interpreted with caution. They were developed by dividing the total "estimated" number of IV drug abusers in the State by the "estimated" number of client treatment admissions in that State who were IV drug abusers.

Source: State Alcohol and Drug Abuse Profile, FY 1986.

VI. STATE MODEL PRODUCT AVAILABILITY

In order to identify current model product availability within each State, the State Alcohol and Drug Agencies were asked to list products that would be of interest to other States and that could possibly either be replicated or used in other States. A total of 52 State agencies responded. See Appendix C for a summary of the State-by-State responses.

Major product categories reported by the States included: model prevention plans; model treatment plans; program certification/licensing standards; counselor certification/licensing standards; program monitoring systems; and needs assessment survey methodologies.

Twenty-eight States, Puerto Rico, and the Virgin Islands reported the availability of prevention programming and planning materials. Products range from pre-school and college based prevention planning, to serving minorities such as Native American youth, the deaf, and the blind. Two State agencies reported prescription drug control programs.

Eleven State Agencies reported model treatment services designed for youth. Other treatment products identified included specialized model programs such as a cocaine dependency unit; services for children of alcoholics; a program for women and children; and treatment for elderly alcohol abusers. A model referral and treatment project for homeless persons was also identified.

Thirty-two program and 20 counselor certification/licensing standards were recommended, including proposed certification standards for prevention specialists.

Fifteen program monitoring systems were mentioned. These included a manual for monitoring county operations and a methodology to evaluate youth intervention and treatment programs.

Needs assessment programs were reported by 12 State Agencies. Issues for needs assessment centered around alcohol and drug use among students and statewide studies of alcohol and drug use. An AIDS policy analysis model program was also reported.

VII. PROGRAM LICENSURE, CERTIFICATION AND APPROVAL ACTIVITIES

In response to the question, "Does your State Alcohol/Drug Agency license, certify or otherwise approve the operation of service programs in your State?", all 54 State Agencies replied in the affirmative, except American Samoa, Louisiana and New Hampshire. In Louisiana, another State Department has such authority. Replies from at least 18 States indicated that although the State Alcohol/Drug Agency does approve service programs, other State departments or agencies share approval authority. All of the individual responses from the States are presented within Appendix D.

Licensing is the type of program approval procedure utilized most often by State Alcohol and Drug Agencies. At least 24 State Agencies license residential treatment programs, 13 certify such programs and seven utilize other types of approval procedures indicating accreditation, regulation, and/or standard setting. With regard to outpatient treatment programs, a total of at least 21 States rely on licensure, 14 on certification and seven on other types of approvals. In terms of prevention and/or education/programs, six states utilize licensure procedures, 10 certification procedures, and seven states use other approval procedures. A number of State Alcohol and Drug Agencies utilize some combination of licensure, certification and/or other types of approval procedures.

The types of program approval ranged from those State Alcohol and Drug Agencies that approve all types of alcohol and drug treatment programs to those that approve or certify projects in only one area. A total of 32 State Agencies indicated license or certification authority for all alcohol and drug treatment services supported by the State. However, more than one State Agency is often involved in the approval process.

There were 19 responses indicating the involvement of other State departments or agencies in certification or licensure. There was often dual responsibility by the State Alcohol and Drug Agency and another agency such as the Health Department. Many States do not currently include prevention activities within the certification or licensing function.

It is apparent that there is no uniform procedure or system used by all of the States. However, it does appear that all respondents, other than American Samoa, Louisiana and New Hampshire, have some approval authority at the State level for alcohol and drug abuse services and many maintain approval authority within the State Alcohol and Drug Agency.

States that share approval authority in more than one agency, or in which another agency certifies programs, include the following:

- o Arizona - Division of Behavioral Health has responsibility.
- o Arkansas - Community Mental Health Center (CMHCs) and hospitals are accredited by Division of Mental Health and the Joint Commission on Accreditation of Hospitals (JCAH), respectively.
- o Connecticut - Licensure is provided by the Department of Health Services.
- o Georgia - State-operated programs and facilities are licensed by the Department of Human Services.
- o Hawaii - The Hospital and Medical Facilities Agency licenses residential programs.
- o Illinois - The Department of Public Health licenses all free-standing alcohol treatment facilities.
- o Kentucky - The Division of Licensure and Regulation licenses non-medical alcohol and drug abuse programs.
- o Minnesota - Another division in the Department of Human Services has licensing responsibility.
- o Mississippi - Programs are certified by the Department of Mental Health.
- o Nebraska - Licensing is done by the State Health Department and certification by the Division on Alcoholism and Drug Abuse.
- o Nevada - Facilities are licensed in conjunction with the Bureau of Health Facilities Agency activities.
- o North Carolina - Licensing is done by the Division of Facility Services; certification is provided by the State Agency.

- o Oklahoma - Facilities are licensed by the State Department of Health.
- o Vermont - Residential programs must be licensed by the Department of Social and Rehabilitation Services, as well as by the State Office of Alcohol and Drug Abuse Programs.

As total of 13 State Alcohol and Drug Agency respondents specifically mentioned that they license, certify, and/or otherwise approve some type of drunk driving programs (e.g., for multiple offenders, for first time offenders and/or educational schools). Five State Alcohol and Drug Agencies indicated that they license at least some drunk driving programs: California, Illinois, Massachusetts, Tennessee, and Utah. These six State Agencies that certify such programs include Indiana, Mississippi, Oregon, South Carolina, Texas, and Washington. The Connecticut State Alcohol and Drug Agency uses regulations to approve drunk driver programs, although Montana indicated that it approves drunk driver educational programs, the state Agency did not designate the specific type of approval mechanism it utilizes.

VIII. TOP THREE POLICY ISSUES FROM A STATE ALCOHOL AND
DRUG AGENCY PERSPECTIVE

In order to identify the policy questions and issues that are currently being considered at the State level, the State Alcohol and Drug Agencies were asked to list their top three policy issues. Fifty States, the District of Columbia, Puerto Rico, and the Virgin Islands responded to this question. (See Table 21 for a summary of the State-by-State responses).

States were not asked to rank the policy issues by priority level. However, in compiling the results of the responses, three policy issues were mentioned by at least 16 State agencies and are categorized as follows:

- o Funding and Resource Allocation;
- o Services for Adolescents and Women; and
- o Prevention and Education Services.

1. Funding and Resource Allocation

Twenty-nine State (29) Agencies identified the need to seek increased funding for treatment and prevention services and/or to improve the allocation of resources. Of these State agencies, 14 States specifically mentioned the need to develop funding policies for maintaining existing services or to garner additional or alternative funds to compensate for fiscal reductions or increased demand for services. Those States included: Colorado, Illinois, Massachusetts, Missouri, Montana, Nevada, New Hampshire, New York, North Carolina, Oklahoma, Rhode Island, Texas, Wisconsin, and Wyoming. The need to secure or expand public or private health insurance coverage for alcohol and drug abuse treatment was reported by nine States. Those States included: Alaska, Arkansas, Hawaii, New Hampshire, Indiana, Kentucky, New Jersey, Oklahoma, and Pennsylvania. The remaining States (Alabama, California, Delaware, Minnesota, New Mexico, Utah, and Virginia) discussed the need to improve the system for allocating resources within the State.

2. Services for Adolescents and Women

The expansion of treatment and prevention services to adolescents and women was identified as a major policy issue by 19 State Agencies. Treatment and prevention services for children and adolescents were mentioned as a top policy issue by 14 of the State agencies including: Arkansas, California, Connecticut, Iowa, Kansas, Maryland, North Carolina, Ohio, Oregon, South Dakota, Virginia, Washington, West Virginia, and Wyoming. Four States identified services for women as a key policy issue. Those State Agencies included: District of

Columbia, North Dakota, South Dakota and Wisconsin. The District of Columbia highlighted the need to care for the children of women in treatment. Two States, Arizona and Maine, reported the expansion of services to both adolescents and women as a major policy issue within their respective States.

3. Prevention and Education Services

Prevention and education was reported as a top policy issue by 16 State agencies. Six States identified the need to expand prevention and early intervention services on a Statewide basis or to high risk or underserved groups. These responses were provided by the following State Agencies: District of Columbia, Kansas, Michigan, North Carolina, Rhode Island and West Virginia. The remaining responses identified policy issues ranging from the identification and promotion of effective prevention models to implementation of K-12 education programs, to ensuring community involvement in prevention programs.

TABLE 21

TOP THREE POLICY ISSUES AS REPORTED BY STATE ALCOHOL AND DRUG AGENCIES

STATE	1. SYSTEM PLANNING	2. INDICENT CASE	3. RESOURCE ALLOCATION
ALABAMA	1. STABILIZATION/REDUCTION IN CONSUMPTION	2. INCREASED 3RD PARTY PAYMENT	3. IMPROVE COORDINATION OF YOUTH SERVICES
ALASKA	1. CERTAIN ADULT MEN FOR YOUTH & WOMEN	2. IMPROVE RELATIONSHIP W/LEGISLATORS	3. IMPROVE PREV. FOR CHILDREN & ADOL.
ARIZONA	1. TREATMENT FOR ADOLESCENTS	2. COMPREHENSIVE INSURANCE FOR SERVICES	3. COMPREHENSIVE EDUCATION SERVICES
ARKANSAS	1. EQUITABLE FUNDING FOR COUNTIES	2. TREATMENT FOR YOUTH	3. AIDG/TV DRUG ABUSE
CALIFORNIA	1. TREATMENT FOR DIAGNOSIS OF A/D & MI	2. TREATMENT FOR INDICENT DUI OFFENDERS	3. MAINTAIN SERVICES W/THIRDS RESOURCES
COLORADO	1. REVISION OF O.W.T.H.E.N.T. STATUTES	2. APPROPRIATE TREATMENT FOR MURKINS	3. TRANSFER STATE AID SVCS. FROM STATE MI TO AID
CONN.	1. COST CONTAINMENT	2. TREATMENT FOR CRIMINAL JUSTICE CLIENTS	3. SERVICES FOR DUAL-DIAGNOSED CLIENTS
DELAWARE	1. TREATMENT FOR PCP ABUSERS	2. SVCS FOR WOMEN ADDICTS & THEIR CHILDREN	3. AVAIL. OF PREV. SERVICES FOR YOUTH
D.C.	1. PREVENTION/EARLY INTERVENTION	2. COCAINE	3. UPGRADING QUALITY OF TREATMENT
FLORIDA	1. DOPL. 4-YR PLAN FOR REGIONAL SYSTEM	2. MANAGEMENT OF DUI PROBLEMS	3. IMPROVE SERVICES TO AIDG/TV DRUG USERS
GEORGIA	1. THIRD-PARTY REIMBURSEMENT	2. EQUITY OF RESOURCES BEM. AD/MI	3. LONG TERM PLANNING
HAWAII	1. CONTRACT ADMINISTRATION	2. IMPROVE FUNDING MECHANISMS & POLICIES	3. TREATMENT CAPACITY
ILLINOIS	1. SERVICES FOR LOW-INCOME PERSONS	2. BALANCING TTT. SETTLES W/CLIENT NEEDS	3. 3RD PARTY REIMS. OF OUTP. & NON-HOSP RES.
INDIANA	1. MEETING DEMAND FOR SERVICES	2. TTT. & PREV. NEEDS OF JUVENILES	3. SVCS. FOR JUVENILE & ADULT OFFENDERS
IOWA	1. TREATMENT FOR YOUTH	2. PREV. & INTERVENTION SVCS FOR YOUTH	3. SVCS. FOR INSTITUTIONALIZED ADULTS & YOUTH
KANSAS	1. FUNDING BASED ON NEED & CAPACITY	2. MEDICAD REIM. FOR SERVICES	3. PROMOTION OF EFFECTIVE PREV. MODELS
KENTUCKY	1. SEPARATE ADMIN. OF AD/MI PROGRAMS	2. ESTAB. REQUIREMENTS FOR TTT. OUTCOME DATA	3. STANDARDIZE SERVICE DEFIN. & REPORT PROC.
LOUISIANA	1. TREATMENT PROGRAMMING FOR ADOLESCENTS	2. AVAILABILITY OF TTT. FOR MEDICALLY INDIG.	3. EXPAND SERVICES TO WOMEN
MAINE	1. EXPAND SERVICES TO ADOLESCENTS	2. COMPLETE CON REQUIREMENTS	3. EXPAND AIDS PREV. & TTT.
MARYLAND	1. DRINK DRIVING	2. ASSESSING AID ABUSERS NOT IN TTT.	3. ADEQUACY OF FUNDING
MASS.	1. POLICIES-ASSESSMENT, AFTERCARE	2. PREV.-SVC. EXPANSION, EMER. ISSUES	3. MANDATORY TTT. OF MULTIPLE DUI
MICHIGAN	1. MAINTAIN OUTPATIENT & EXPAND RESID.	2. MANDATORY DRUG EDUCATION	3. CHRONIC PUBLIC INSURANCES
MISS.	1. ADEQUATE FUNDING	2. DEVELOP STANDARDS FOR COUNSELORS	3. INSURE COMMUNITY INVOLVEMENT IN PREV.
MISSOURI	1. MAINTAIN TREATMENT SERVICES	2. ALLOCATION OF FUNDS	3. SERVICE REIM. RATES
MONTANA	1. SCHOOL-BASED PREV. SERVICES	2. OUTCOME EVALUATION METHODOLOGY	

SOURCE: State Alcohol and Drug Abuse Profile, FY 1986.

TABLE 21
TOP THREE POLICY ISSUES AS REPORTED BY STATE ALCOHOL AND DRUG AGENCIES

STATE	1.	2.	3.
NEVADA	1. PROGRAM FUNDING & RESOURCE DEVEL.	2. AIDS	3. DWI
NEW HAMPSH.	1. HEALTH INSURANCE COVG. FOR TBT.	2. ADEQUATE & ALTERNATIVE FUNDING	3. EVAL. OF EFFICACY OF MODALITIES
NEW JERSEY	1. MAND. INS. COVERAGE & MED. NEED.	2. SVCS. FOR INDIVIDUALS ON WAITING LISTS	3. AIDS AMONG IV DRUG USERS
N.H./A	1. DEVELOPMENT OF COMPREHENSIVE SYSTEM	2. FINANCING SERVICES	3. TREATMENT OF AT-RISK POPULATIONS
N.H./D	1. SERVICES AND FAMILY THERAPY	2. MANDATORY CERTIFICATION OF COUNSELORS	3. INCREASE DETEC. ALTERN. TO MARIJUANA
NEW YORK/A	1. MAINTAINING SERVICES	2. ADDRESS UNMET NEEDS	3. IMPROVE QUALITY OF SERVICES
N.C.	1. MAINTAINING SERVICES	2. DEVELOP SERVICES FOR ADOL.	3. IMPLEMENT STATEWIDE PREV. SERVICES
N.D.	1. PREVENTION	2. LICENSURE AND CERTIFICATION	3. EXPAND SVCS. TO WOMEN & ELDERLY
OHIO	1. PREVENTION-YOUTH	2. PROVIDE QUALITY CONTINUUM OF CARE	3. MERGE AID INTO ONE STATE AGENCY
OKLAHOMA	1. INCREASED FUNDING	2. MANDATORY COVG. BY INSURORS & HMO	3. ENTITLEMENT FUNDS
OREGON	1. PREVENT ORSET OF USE IN ADOL.	2. MOVE FROM SLOT TO FEE FOR SVC. NEED.	3. COORD. OF ALL STATE RESOURCES
PENNA.	1. ANTI-ETHEREAL REGULATION	2. MED. ASST. PAYMENT FOR NON-DEP. CARE	3. ENTITLEMENT FUNDS
P.R.	1. ESTAB. THERAPEUTIC COMMUNITY CONCEPT	2. DEFERMENT CONCEPTUAL BASE FOR SVCS.	3. PREV. FOR HIGH RISK GROUPS
R.I.	1. EXPAND FINANCIAL RESOURCES	2. INCREASE PREV. FOR UNRESERVED	3. AIDS
S.C.	1. ADEQUATE SERVICES IN HOSP. & CJS	2. ALC. BVNG. TAXATION LEVELS	3. DRUG TESTING
S.D.	1. PROGRAMMING FOR WOMEN	2. INCREASED BUDGET OF ALC. FOR SVCS.	3. ADOL. TBT. AND TRANSITIONAL CARE
TEXAS	1. STATEWIDE TRAINING SYSTEM	2. COMPREHENSIVE AID PLAN	3. CONSTITUENCY DEVELOPMENT
TEXAS	1. INCREASE APPROPRIATIONS	2. DETECT. OF AID ABUSERS FROM M.H. DEPT.	3. LICENSURE OF DRUG PROGRAMS
UTAH	1. DIFFERENTIATING STATE/LOCAL GOVT. AUTH.	2. COMPOSITION & AUTH. OF STATE ID.	3. FUNDING ISSUES
VERMONT	1. IMPL. OF ED. PROGRAMS IN ALL K-12	2. INTEGRATED CARE LINKS AMONG PROVIDERS	3. BROADEN BASE OF SUPPORT
VIRGINIA	1. SERVICES FOR CHILDREN/ADOL.	2. REFERENCE ALLOCATION PROCESS	3. FILLING SERVICE GAPS
V. ISLANDS	1. TREATMENT	2. PREVENTION	3. CONSULTATION AND EDUCATION
WASHINGTON	1. GOVERNOR'S ALLIANCE	2. PREV. AND TREATMENT FOR YOUTH	3. HARMLESS ALCOHOLICS
W. VA.	1. IMPROVE PROGRAM MONITORING	2. SERVICES FOR ADOLESCENTS	3. EXPAND PREV/DAILY INTER. CAPABILITY
WISCONSIN	1. EXPAND SVCS. FOR MINORITIES AND WOMEN	2. EMPHASIS INTENSIVE OUTPATIENT	3. MAINTAIN ADEQUATE LEVEL OF FUNDS
WYOMING	1. ADOLESCENT TREATMENT	2. RESIDENTIAL TBT. FOR INDICENTS	3. PROVIDING SVCS. W/FUNDING CUTS

SOURCE: State Alcohol and Drug Abuse Profile, FY 1986.

**IX. MAJOR NEEDS FOR WHICH RESOURCES WERE NOT ADEQUATE IN
FISCAL YEAR 1986**

Each State Alcohol and Drug Abuse Agency was asked to indicate whether there were any major needs identified through its most recent State planning process for which resources were not adequate to meet those needs. The States were also asked to provide a brief description of those major needs and the types of resources that would be required to meet them. State-by-State information on major needs and required resources is included as Appendix E.

Responses were received from 50 States, American Samoa, the District of Columbia, Puerto Rico, and the Virgin Islands. One hundred percent of the respondents indicated that major needs existed in their service systems for which resources were not adequate in Fiscal Year 1986.

Narrative responses received from the 54 State Agencies confirmed that there were major needs in these States in the areas of prevention and/or treatment for which adequate resources were not available. While the scope of the narrative comments and information retrieved from the States is quite broad, many responded that additional resources must be obtained to support the development of treatment and prevention services for youth and women. In addition, States noted the following needs: to meet the requirements of other special populations such as minorities, dually-diagnosed clients, the elderly and persons with AIDS; a need to address the lack of adequate detoxification services; to expand existing outpatient services; increase funding of program staff positions and salaries; and create and supplement prevention services in schools/communities and rural areas.

The major need most frequently identified in both the 1985 and the current SADAP effort for FY 1986 was the development of treatment and prevention services for youth and women. For FY 1986, however, other frequently mentioned needs included a higher level of funding for primary prevention programs, and an increase in staff positions and salaries. The majority of States indicated that resources required to adequately reconcile these needs should be in the form of an increase in overall funding to compensate for the decrease in government support and lack of funds to keep pace with inflation.

Some States also indicated other needs, including, long-term shelter for homeless alcoholics; lack of outreach services in rural towns and communities; additional facilities and staff to service the backlog of clients awaiting treatment; training programs, licensure, and certification for counselors; and policy mandates that recognize the priorities of the States to provide alcohol and drug abuse services.

Highlights from the information submitted by the States have been organized into the following five categories:

- o Youth and Women;
- o Prevention and Intervention;
- o Staff Positions, Training Programs and Salaries;
- o Other Special Populations; and
- o Detoxification Services.

1. Youth and Women

A total of 27 State Agencies identified a need to expand treatment and/or prevention services for children and adolescents. Eleven State Agencies reported the need for services specifically designed for women.

While States noted various needs in the treatment and prevention of youthful alcohol and drug abuse, the most critical need reported was the expansion or establishment of residential treatment facilities for youth. Nineteen State Agencies noted such a need in their State. Twelve State Agencies (California, Hawaii, Illinois, Missouri, North Carolina, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Washington, and Wyoming) also mentioned the need for new or expanded outpatient services for youth. A general need to expand or establish youth treatment services was identified by eleven State Agencies (Arizona, California (drug), Iowa, Maine, Mississippi, Nebraska, North Carolina, New Mexico (Alcohol & Drug), Pennsylvania, Washington, and West Virginia). Iowa specifically cited a need for programs and services for indigent and institutionalized youth.

Kentucky cited a need for treatment services for detoxification, residential, and transitional services for youth. Louisiana cited a need for special treatment for chemically dependent youth. Pennsylvania mentioned a need to expand the Juvenile Treatment Alternatives to Street Crime program. Utah cited a need to support funds for effective treatment for young (age 16-25) male Hispanic offenders.

Thirteen State Agencies (Arkansas, California, Colorado, Illinois, Maine, Maryland, Missouri, New Mexico (alcohol), Oregon, Rhode Island, Tennessee, Vermont and Washington) noted that resources were inadequate to meet the service needs of women. Maine, in particular, cited a need to provide halfway house services for women. Maryland identified a need for a women's chemical dependency recovery house. Tennessee cited a need for special services targeted to women. Vermont recognized a need to provide services to older women.

2. Prevention and Intervention

Twenty-five State Agencies reported a need to expand or develop prevention and intervention services and programs. Arkansas cited a need for community and school-based prevention services in rural areas. Of the 25 State Agencies, six Agencies (Kansas, Idaho, Nebraska, New Mexico, Texas and California (drug)) cited a need to provide prevention and intervention programs and services to schools. Arkansas noted an increase in the number of clients reporting cocaine as the primary drug of abuse and therefore, the need for an increase in activity in areas of public information, prevention and intervention. Maryland cited a need to expand alcoholism and drug abuse prevention programs. Oklahoma reported that no State funds are provided for prevention. Tennessee indicated that there are no prevention services for adults. Utah cited a need for prevention programs to reduce prescription drug abuse. New York described the need for an increase in emphasis on the provision of prevention and early intervention services to non-school groups.

Two State Agencies noted a general need for education programs. Utah cited a need for education programs to reduce prescription drug abuse. The District of Columbia reported a need to intensify community education regarding the benefits of treatment programs.

3. Staff Positions, Training Programs and Salaries

Several State Agencies identified the need to increase the number of program staff positions, or to increase existing staff salaries. Some of these State Agencies also identified a need to provide or expand training programs for staff.

Eight State Agencies (Alaska, Kentucky, Mississippi, North Carolina, North Dakota, Tennessee, the Virgin Islands and Washington) reported a need to increase staff for prevention and treatment services.

Ten State Agencies cited the need for more specialized staff training. Indiana cited a need to train referral agents (social workers, physicians, etc); Georgia and Louisiana cited a need for specialized training for staff in treatment of patients addicted to cocaine and other Schedule I and II drugs; Arkansas reported that funds to train grade K-12 teachers in prevention services are badly needed.

Seven State Agencies cited a need to increase staff salaries. South Carolina cited a specific need to continue cost-of-living salary increases for county alcohol and drug abuse personnel.

4. Other Special Populations

Nineteen State Agencies responded that their State lacked adequate services to meet the needs of special populations other than women and children.

Seven States (Massachusetts, Missouri, New Jersey, Rhode Island, South Dakota, Tennessee and West Virginia) reported that the needs of chronic alcoholics were not being met. Massachusetts specifically cited the need for facilities and programs for the civil commitment of chronic alcoholics. New Jersey identified the need for residential extended care services. Rhode Island cited the need for transitional and long-term care; South Dakota cited the lack of custodial care facilities for chronic alcoholics not responsive to shorter term therapies. West Virginia cited a need for long-term residential treatment.

Other special populations noted by States as being underserved include: ethnic/racial minorities (California (drug), Minnesota); American Samoa and Minnesota cited a need for bilingual professionals; indigent clients (New Jersey, Ohio); the "needy" (Minnesota and New Jersey, Washington); dual diagnosed and handicapped (Massachusetts, Minnesota, and New Jersey); elderly (Arkansas, Illinois, Kentucky); and Puerto Rico reported that, due to limitations of specialized personnel and physical resources, a total of 600 inmate-addicts could not receive treatment services.

Three States (New Jersey, Illinois, and Rhode Island) cited particular needs in providing treatment for clients with AIDS. Specifically, Illinois cited a need to address legal questions involving clients with AIDS.

5. Detoxification Services

Several State Agencies cited a need to provide or expand detoxification treatment services. Georgia cited a specific need to provide specialized residential detoxification facilities and treatment for cocaine and other drug abuse clients. Kentucky cited a need to provide detoxification treatment to youth. Nebraska cited a need for detoxification services to youth. New Mexico cited a need for detoxification alternatives including day treatment, inpatient care, and aftercare support services. South Dakota cited a need for social detoxification and transitional care facilities specifically for women.

X. SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT SERVICES IN FISCAL YEAR 1986

Each State Alcohol and Drug Abuse Agency was requested to provide information on changes that had occurred in treatment and/or prevention services during Fiscal Year 1986. A total of 51 responses were received to this question, representing 47 states, American Samoa, the District of Columbia, Puerto Rico, and the Virgin Islands. The specific narrative information obtained from each respondent is contained Appendix F.

The narrative comments provided by States addressed a broad range of significant topics and functions. However, there were sufficient commonalities in the State responses to cluster their replies into the following seven categories:

- o Changes in Financial Resources;
- o Changes in Legislation;
- o Prevention Programs and Services;
- o Changes in Programs for Women and Youth;
- o New Programs for the AIDS At-Risk Population;
- o Client and Drug Use Trends; and
- o Other Significant Developments.

Information from the States has been reviewed and is summarized according to the foregoing categories. An analysis of the data provided within each of these seven categories follows:

1. Changes in Financial Resources

Narrative comments by 17 State Agencies referred to financial changes relating to prevention or treatment services during FY 1986. Those States included: Alabama, American Samoa, Arizona, District of Columbia, Georgia, Illinois, Massachusetts, Montana, Nebraska, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, and South Dakota.

Ten State respondents indicated that some additional funds were available for service programs, while the other seven reported fewer resources.

Resource changes or reallocations resulted in some major revisions in program services and in some less significant program effects. The Georgia Alcohol and Drug Agency reported that \$2 million of new money has enabled the State to increase

the number of beds available for alcohol and drug services from 194 to 280. Formerly, beds were located primarily in regional hospitals and used almost exclusively for detoxification services. Bed distribution is now more dispersed and available for a broader range of treatment services.

The Massachusetts Alcohol and Drug Divisions noted that funding was sharply increased for prevention services in response to an increase in demand for these services from schools and community groups.

In California, an additional \$1.4 million annually was made available for women's alcohol services. Programs were selected through a competitive bidding process to ensure that a variety of programs for specific target populations would be supported. Those target populations funded by California's projects include minorities, low income women with children, victims of violence, older women, youth, and pregnant women.

The State of Montana increased the tax on wine and beer in order to provide additional public funds for treatment programs.

The report from New Jersey stated that FY 1986 was the first full year of the implementation of the Alcohol Education, Rehabilitation and Enforcement Fund, a designated tax on alcoholic beverages. That fund provided \$8.5 million dollars to the 21 local advisory committees on alcoholism to implement a comprehensive county-based network of prevention and treatment services.

Some other States reported a loss of resources. New Mexico experienced funding cuts and substantial decreases in services availability for methadone detox/maintenance services.

Two State Agencies, those in Ohio and South Dakota, noted that the specified set-aside expenditure of ADM Block Grant funds for women's programs had negatively affected their capability to continue some of their existing services.

Other comments by State Agencies included the following:

- o Arizona - Lack of funds to expand State-supported methadone programs has resulted in rapid private sector clinic growth.
- o District of Columbia - Appropriated budget for services doubled from FY 85.

- o Illinois - In FY 86 funding for an Addictions Research Institute was made available. This Institute will conduct and coordinate research in the area of alcohol and substance abuse addiction.
- o Nebraska - The Division received an additional appropriation of \$830,000, resulting in expansion of treatment and prevention services.
- o North Dakota - State allocation of additional funds resulted in ninety (90) community-based programs.

Other comments from State Agencies concerned changes in resource allocations and in reorganizations for greater efficiency. Alaska reported that organizational changes were made at the State level in order to better focus drug treatment. Maryland channelled prevention funds through local county coordinators and community groups.

It is apparent that the State Agencies are coping with their respective financial situations in a variety of ways. Some are improving services with new funding, others with better resource allocation, while others have been forced to operate with reduced funding.

2. Changes in Legislation

Thirteen States reported changes in legislation that will affect the alcohol and/or drug abuse services rendered within those States. These State Agencies included: Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, New York, North Carolina, Rhode Island, Tennessee, Texas, West Virginia and Wisconsin. FY 1986 appeared to be a very active year for legislative changes.

Mandatory treatment for DUI (Driving Under the Influence) offenders was passed by the State of Idaho. Illinois passed legislation that stiffened penalties for DUI offenders and required licensing of DUI evaluation and education programs.

New State legislation was passed in Iowa to mandate substance abuse treatment for third-time drunk driver offenders in special community corrections programs. Kansas enacted mandatory health insurance coverage for alcohol, drug abuse and mental illness treatment. The Kentucky Legislature passed a drunk driving law to establish a service fee for treatment services. Those funds were used to subcontract for

services with Community Mental Health Centers (CMHCs). Kentucky also passed a bill providing new funding of \$250,000 for adolescent intensive out-patient programs.

In Maine, legislation was passed to increase the premium on alcoholic beverages to expand services in rural areas, for women, adolescents, and prevention. New York enacted laws to grant Medicare provider status to non-hospital based inpatient alcoholism agencies. Tennessee passed legislation to place appropriate youth in the custody of the Department of Mental Health and Mental Retardation (MHMR) for alcohol, drug, and mental health services.

Texas was particularly active in the legislative arena with statutory changes including:

- o The two separate Alcohol and Drug State Agencies were reorganized to include both alcohol and drug services in one combined agency.
- o Alcohol and drug treatment facilities were required to be licensed.
- o Deinstitutionalization of substance abuse clients was mandated.
- o The legal drinking age was raised to 21.
- o Public inebriates may now be taken to a treatment facility in lieu of jail.

Wisconsin raised the legal drinking age in that State to 21 and required the mandatory inclusion of alcohol and drug abuse services in benefits provided by Health Maintenance Organizations (HMOs).

3. Prevention Programs and Services

Prevention services experienced a number of changes within the States in FY 1986 with 12 State Agencies reported addressing these changes. Specific changes, included the design and support of conferences, the provision of funding for additional prevention services, and statewide prevention networks. Several of the prevention-oriented actions that occurred in the States included:

- o California designed and conducted a Statewide (National) Drug Prevention Conference.
- o Connecticut established a grant program for local, municipal-supported prevention councils. The State also established program categories for primary prevention to refocus services on recent research findings and to increase effectiveness.

- o The District of Columbia increased both private sector and community-based prevention efforts.
- o Massachusetts increased support for prevention activities in response to greater public awareness and demand for such services from schools and community groups.
- o Mississippi established an Executive Prevention Committee to better coordinate prevention activities within the State, including workshops and other education services.
- o New Mexico increased prevention services 24 percent and added four new school district comprehensive models.
- o Puerto Rico reported a significant reorientation of their drug and alcohol prevention efforts, including increased attention to secondary prevention, high risk populations, and the provision of services in alternative settings such as public housing projects.
- o Rhode Island added school-based prevention services and West Virginia assisted in establishing a statewide volunteer prevention network to involve parent and student groups.

4. Changes in Programs for Women and Youth

Both of these priority service groups received attention and new directions by the State Agencies in FY 1986 with 17 responses addressing either one or both. More funding and increased services were the most common changes noted.

Specific initiatives by the States included:

- o Arkansas increased residential adolescent treatment services.
- o California stated that the most significant change in alcoholism services was in services to women. The five percent mandate on Block Grant funds was adhered to with \$1.4 million being allocated for women's alcoholism services. Twenty-four new or expanded programs received funding. The five percent funds resulted in increased drug prevention and treatment services.
- o The District of Columbia opened two residential youth treatment programs.
- o Hawaii added a therapeutic foster home program for youth.

- o Iowa expanded treatment programs for women and youth and conducted projects aimed at specific youth populations, such as children of alcoholics, Native Americans and Black youth.
- o Kentucky established adolescent intensive outpatient programs in five locations.
- o Maryland developed a Fetal Alcohol Syndrome Program.
- o Mississippi expanded or started six programs for women. Four new programs were initiated and a special outreach worker was added at two existing programs.
- o Missouri established two new 20 bed adolescent treatment programs.
- o Montana developed a communities for drug-free youth project.
- o North Carolina implemented early intervention programs for youth across the State.
- o Pennsylvania expanded its student assistance effort from 4 to 69 programs.
- o Puerto Rico initiated seven new intensive alcoholism treatment programs for women in Caguas and Manati.
- o South Carolina initiated new women's programs in accordance with the ADM Block Grant guidance.
- o As a result of Custody Bill Legislation, Tennessee established two day treatment programs for youth and developed requests for proposals for three residential treatment programs.
- o Virginia developed five women's programs in accordance with earmarked of Block Grant funds.
- o The Virgin Islands were unable to immediately fully implement the women's program due to a lack of qualified staff.

5. New Programs for the AIDS At-Risk Population

The problem of AIDS and alcohol and drug abuse was addressed by seven State Agencies. The increasing at-risk population associated with the AIDS virus has caused a greater focus on the service needs of this group.

States that specifically mention of AIDS-oriented program activities were: California, Connecticut, Maryland, Minnesota, New Jersey, New York, and Rhode Island.

California implemented emergency regulations to reduce some admissions to methadone programs to admit more patients-at-risk for AIDS to methadone treatment. Connecticut funded new staff positions and provided training and guidelines for treatment programs serving AIDS clients.

Maryland developed an AIDS prevention and treatment program for IV drug addicts. New Jersey also fostered a program to combine AIDS prevention with drug treatment by sending outreach workers into the community to provide information and bring the at-risk population into treatment.

Minnesota has one special program for the AIDS population.

New York provided educational materials to school students on both AIDS and CRACK. A toll-free number at the Division has been expanded to increase access for information on CRACK and referral to treatment. New services are being added to deal with these two new threats.

In Rhode Island AIDS among IV drug users has created a great need for specialized treatment services and training. Needs have not been met due to lack of funds.

6. Client and Drug Use Trends

The increased use of CRACK and cocaine was emphasized by several State Agencies as requiring changes in services currently provided. Eleven States identified either specific drugs or client types as requiring special help.

California cited a significant increase in cocaine use which, in turn has required reprogramming of drug abuse prevention and treatment services. Similar comments were made by respondents from Hawaii, Iowa, Rhode Island, South Carolina, and the Virgin Islands. Alaska stated that drug abuse overall is increasing.

New York cited the easy availability of the CRACK form of cocaine as leading to an increase in the need to relevant prevention and treatment efforts. Florida and Minnesota reported greater program needs from cocaine/CRACK use, and a few programs have been developed to deal with this problem. New York estimated that by the end of FY 87, 125 detoxification slots will have been created to deal with the CRACK and AIDS clients.

Oregon and Texas reported increases in heroin admissions due to the availability of black tar heroin. The number of cocaine admissions also has increased in both States. In addition, Oregon reported that the eighth and eleventh grades have high rates of alcohol, marijuana, inhalants, amphetamines, and cocaine. Texas reported that marijuana is less available, but still in demand, and that "Ts" and "Blues" continue as a substitute for heroin.

Pennsylvania reported admissions for cocaine abuse almost doubled, increasing from 2,683 to 4,839.

7. Other Significant Developments

Changes in organizational structure, program licensing, and more effective program operation were included by State Agencies among new developments. There were eleven States that provided such comments.

A summary list of those comments follows by State:

- o Alaska - private outpatient clinics were established in metropolitan areas.
- o Arkansas increased use of volunteers as trainers in Early Intervention Projects.
- o California is responding to a mounting interest in the formation of Employee Assistance Programs (EAPs) and in legal issues related to drug testing.
- o Colorado piloted and is implementing modifications to the public treatment system to provide a reimbursement level for residential services between intensive treatment and halfway house services. Also, shelter services have been added to all non-hospital detoxification units to screen readmissions.
- o Connecticut consolidated all substance abuse responsibilities (except licensing) in one agency. In addition, the State Agency established minimum tasks by all providers of community awareness programs.
- o Iowa developed licensure standards for State correctional facilities and facilities that treat drunk drivers.
- o Kansas implemented treatment in correctional institutions. Also, private treatment facilities were expanded in the State.
- o Louisiana has developed statewide education and treatment programs for court-referred DWI offenders in response to increased DWI enforcement efforts.
- o New Mexico has created a Governor's Alliance Against Drugs and expanded family advocacy/networking activities.
- o Puerto Rico merged its organizational structure within the Assistant Secretariat for Drug Treatment.

- o Tennessee added a full-time staff person to develop its DUI education and treatment system. Community organizations, Tennessee "NO" Teams (TNT), to promote Just Say No Clubs for 4th through 6th graders were established.
- o Wisconsin increased insurance benefits for alcohol and other drug abuse coverage.

XI. SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT SERVICES FROM FISCAL YEARS 1980 THROUGH 1986

Each State Alcohol and/or Drug Abuse Agency was asked to provide a narrative description of any significant changes in services that had occurred from Fiscal Year 1980 through FY 1986. Agencies from the 50 States, District of Columbia and the Virgin Islands submitted information in response to this request. The narrative reports provided by the State Agencies are attached as Appendix G.

The scope of the narrative comments is similar for most States ranging from a significant expansion of prevention services to efforts to standardize and improve coordination among service providers, and expansion of outpatient services. The information submitted has been organized into the following six categories:

- o Expansion of Prevention and Education Initiatives;
- o Driving While Intoxicated Programs;
- o Specific Services for Women;
- o Changes in Administration and Standardization of Service System;
- o Expansion of Outpatient Services; and
- o Reductions in Fiscal Support.

1. Expansion of Prevention and Education Initiatives

A total of 39 State Agencies reported a significant expansion of activities targeted to the education and prevention of alcohol and drug abuse problems.

Eight of the States noted the development and/or implementation of Statewide prevention initiatives. For example, Iowa noted that "comprehensive prevention program services are available in all of Iowa's 99 counties -- a significant expansion of the service network". The New York State Alcohol Agency reported a comprehensive prevention effort that will review government control policies regarding the availability and distribution of alcoholic beverages as effective methods of preventing alcohol problems.

Some of the other State Agencies which reported a Statewide plan for prevention services included:

- o North Dakota - Prevention programs have been started through the State through the use of a mini-grant system.

- o Rhode Island - Maintenance of a Statewide media campaign and establishment of Statewide parent groups.
- o Tennessee - Funding for prevention services has increased from \$250,000 to \$2 million. A Statewide network of services both primary and secondary in nature has been developed.

The remaining States reporting a Statewide prevention focus include: Arkansas, Ohio, and Washington.

Seven State Agencies identified an expansion of school-based prevention and education activities. These State Agencies include Arkansas, Idaho, Montana, New Hampshire, Pennsylvania, Vermont, and Virgin Islands. Three States specifically mentioned the expansion of Student Assistance Programs (Arkansas, New Hampshire, and Pennsylvania). Idaho described the statewide implementation of a sixth grade learning unit and the "Here's looking at you, two" curricula. State legislation mandating prevention/education curriculum in all Vermont schools K-12 was passed in FY 1983. Both Montana and the Virgin Islands described an expansion of education program in the schools.

Of the remaining 25 State Agencies that reported an expansion of prevention services, three stated that the increase was, in part, directly related to the set-aside for prevention services in the ADMS Block Grant program (Alabama, Kentucky and Missouri). Georgia mentioned a specific program geared towards the reduction of alcohol and drug-related birth defects. Of the other State Agencies, the response ranged from a greater emphasis on primary prevention (District of Columbia and Louisiana) to an increased recognition of the effectiveness and need for prevention programs, particularly for youth (Maine).

2. Driving While Intoxicated Programs

The development and/or enhancement of Driving While Intoxicated (DWI) programs was reported by 25 State Agencies to be a significant change during the period FY 1980 through FY 1986.

Fourteen State Agencies specifically mentioned the implementation of a drinking driver program for the evaluation and referral to treatment and/or education services of the DWI offender. These States include: Colorado, Georgia, Idaho, Maine, Mississippi, Missouri, Montana, New Hampshire, New Jersey, North Dakota, Ohio, Oklahoma, South Carolina, and Vermont. In addition, both Georgia and New Hampshire noted

the conduct of an evaluation of the State's assessment and intervention programs. Vermont mentioned the development of a special "Multiple Offender Course".

Six States described the passage of State DWI legislation as a significant change. These States include: Oregon, Rhode Island, Utah, Washington, West Virginia, and Wisconsin.

Five States described the general implementation and enhancement of their DWI program. These States include: California, Delaware, District of Columbia, Maryland, and Puerto Rico.

3. Specific Services for Women

Eighteen States reported the implementation and targeting of treatment and prevention services for women as a significant change in their State. Nine States noted a general increase in the availability of services for women, the remaining States provided specific examples including the following:

- o Hawaii - Development of residential programs for women and their children.
- o Iowa - Two new facilities for women, one for young women, and one for adult women, have been opened. Several residential programs and halfway houses exclusively for men now include women.
- o Louisiana - Sponsored a Statewide conference on the needs of chemically dependent women.
- o Maine - An increased public recognition of the need for services for women.
- o Massachusetts - Increased efforts to provide outreach to women and to provide appropriate coordinated services.
- o New Hampshire - Opened a new halfway house for women.
- o Oklahoma - Opened two new residential women's care programs.
- o Pennsylvania - Implemented a special women's initiative.

- o Wisconsin - Opened a new alcohol and drug abuse program for Native American women.

4. Changes in Administration and Standardization of Service System

Eighteen States reported significant improvement in their overall administration of the service delivery system.

Six States reported changes in the State Agency organization. Three of these States reported a consolidation of previously separate State alcohol agencies and State drug abuse agencies (Illinois, Massachusetts and Nebraska). Two States (Georgia and Louisiana) noted that the State Alcohol and Drug Agency had been elevated within their State bureaucracy. The Georgia State Agency has been elevated to an equal status with the State Mental Health and Mental Retardation Agencies. The Louisiana State Agency was legislatively created as a separate State agency. Previously, the Agency had been within the State Mental Health and Hospital Agencies. Maryland, reported the establishment of a separate Office of Education and Training for Addiction Services.

Expansion of licensing activities was reported by four States (Arizona, California, Florida and Iowa). The Arizona State Agency noted that behavioral health licensing had intensified monitoring and approval of programs that formerly had not been regulated. The California State Agency identified a number of significant improvements to the State's planning requirements and program standards in addition to a transfer of licensing responsibility for alcohol and drug programs to the State Alcohol and Drug Agency from the Department of Social Services. In Florida, a requirement for the licensure of drug programs was expanded to include alcohol programs. In Iowa, a number of improvements to the services system were made, including licensing of treatment programs and standards for prevention programs, leading to professionalism and higher standards for services delivery.

Other changes reported by States include:

- o Connecticut - Increased collaboration with the State Departments of Health and Education. Transfer of State operated alcohol and drug abuse services from the Department of Mental Health to the State Alcohol and Drug Agency.

- o Delaware - Transition from State program operation to contractor services; consolidation of alcohol and drug services instead of separate service systems, and transition to Fee-for-service contracts from cost-reimbursement contracts.
- o Minnesota - Promulgation of statewide assessment and placement criteria for all public clients.
- o Missouri - Developed resource allocation formula to equalize distribution of funding and services across geographic areas. Also developed performance based payment mechanism and minimum standards for counselors.
- o Montana - Enhanced program evaluation standards and changed funding mechanism for services from grants to a unit of service process.
- o Nebraska - Moved towards system of allocation through regional authorities rather than through direct grants to providers.
- o Pennsylvania - Expanded linkage with other human service agencies for joint programming efforts.
- o Rhode Island - Implemented alcohol counselor certification program and participated in the certificate of need review process for the approval of new substance abuse services.
- o South Dakota - Adopted a competency based counselor certification process and promulgated combined standards for the operation of treatment facilities.

5. Expansion of Outpatient Services

A significant expansion of the availability of outpatient services was reported in eight States. Hawaii and Montana noted that this expansion is related to an effort to utilize outpatient services as an alternative to residential care.

Arkansas indicated that the expansion of outpatient services is part of an overall growth in the services system. Minnesota stated that it has experienced significant growth in outpatient services. New Hampshire indicated an increase in the availability of counselors in outpatient settings. In North Dakota, the private sector has significantly expanded outpatient services for youth. South Carolina and Vermont identified a general increase and focus on outpatient care.

6. Reductions in Fiscal Support

Six States described reductions in Federal or State funds as significantly impacting on the availability of treatment and prevention services. These States include: Alabama, Kentucky, Montana, New Jersey, New York, and West Virginia. Three States (Kentucky, New Jersey, and New York) reported major reductions in the availability of treatment services related to the funding reductions accompanying the creation of the ADMS Block Grant Program in 1981. Montana and West Virginia noted that their prevention and clinical training programs had been seriously weakened by the elimination of the Federal categorical grant programs for these activities. Montana also reported a decrease in State revenue earmarked for treatment and prevention services due to a decrease in the consumption of alcoholic beverages. Alabama identified reductions in alcoholism services due to the changes to the ADMS Block Grant program.

APPENDIX A

STATE ALCOHOL AND DRUG ABUSE PROFILE
COVER LETTER, INFORMATION COLLECTION FORMAT AND GLOSSARY
OF TERMS



National Association of State Alcohol and Drug Abuse Directors

October 20, 1986

President

Anne D. Robertson
Mississippi

First Vice President

Chauncey L. Veatch III
California

Vice President for Alcohol Abuse Issues

Lucille Fleming
Pennsylvania

Vice President for Drug Abuse Issues

John Gustafson
New York

Past President

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Connecticut

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Wayne Lindstrom
Ohio
Ross Newby
Texas
R.B. Wilson
Missouri
Lois Olson
South Dakota
Richard Ham
Nevada
Jeffrey N. Kushner
Oregon

Executive Director

William Burynski

Director's Name
Agency Name
Street Address
State

Dear :

I am writing to request your continued participation in the National Association's information collection activities. As you know, in 1984 our National Association entered into a new three year contract with the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to continue operation of the State Alcohol and Drug Abuse Profile (SADAP).

Under the initial NIDA-NIAAA contract awarded in 1982, the State and Territorial Directors unanimously expressed their willingness to participate in a NASADAD voluntary data collection effort. During the following two years an information collection instrument was designed, tested, and resulted in the SADAP data collection effort. All 50 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands participated in the 1985 SADAP. The information collected on alcohol and drug abuse services through SADAP is of considerable value and interest to the States, the Federal Government and the U.S. Congress.

The attached form, which I ask that you complete and submit to the NASADAD office by December 1, 1986, is the result of many hours of effort by a State consultant group made up of your peers and staff that met in May of this year. The format for the 1986 SADAP has been updated but maintains the key elements from 1985. Responses to the attached form should be gathered from secondary information sources already existing at

October 20, 1986

Page 2

the State level. As in previous years, a report displaying the information collected through the SADAP effort on a national and State-by-State basis will be made available to you once it is completed. Also, in recognition of the substantial contribution that you and your staff make to SADAP, we will include both your name and that of your date person in the final SADAP report.

Although the SADAP format has been designed to be simple and straightforward, a few brief instructions may assist your staff in completing the form. First, a glossary of terms has been included to assist in resolving any questions regarding definitions of terms. I recommend that the glossary of terms be reviewed before responding to the questions on the SADAP form. Second, please note that when a question asks for information from your most recently completed Fiscal Year (FY 1986) it is to be information based on your State Fiscal Year. Third, most questions request information only on those programs that received at least some funds administered by the State Alcohol/Drug Agency. For those programs, please provide information on all alcohol and drug resources and clients in such programs, not just the services or clients which are supported by State Alcohol/Drug Agency administered funds. Also, please note that State Alcohol/Drug Agency administered funds can include State revenues, Federal block grant monies, Medicare or Medicaid funds, earmarked taxes, seized assets or any other monies administered by the State Alcohol/Drug Agency. Fourth, this year we are again requesting information on actual expenditures of funds. However, if you cannot provide actual expenditures in the timeframe given, please note this fact and provide your most recent allocation figures. Finally, I urge you to give special attention to the last three questions regarding service needs and significant changes in alcohol and/or drug services. In the past, information derived from the States' responses to these questions has proven invaluable to NASADAD and the Federal Government in demonstrating to the Congress and the Administration the major needs of the States. If you have any questions or require clarification on any of the requested items, please do not hesitate to contact Nancy Record, Project Manager of SADAP.

On behalf of the NASADAD Board of Directors and myself, I thank you for your ongoing cooperation and participation in our information collection efforts.

Sincerely,



Anne D. Robertson
President

ADR/lg

Enclosures

NASADAD
STATE ALCOHOL AND DRUG ABUSE PROFILE FOR FY 1986

State: _____ State Contact: _____ Telephone: () _____

Please complete and return this form by December 1, 1986 to: NASADAD, 444 North Capitol Street, N.W., Suite 530, Washington, D.C. 20001. REFER TO GLOSSARY OF TERMS FOR APPROPRIATE DEFINITIONS.

I. FUNDING INFORMATION

1. Report the total dollar expenditures for alcohol and drug abuse services by source of funding and type of activity for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year (FY) 1986. (NOTE: All boxes must be filled in with: (1) a dollar amount; (2) a zero "0" denoting that no funds from that funding source are expended for the particular activity; or (3) an "N/A" indicating that the information is not available.)

Funding Source

Type of Activity

	Treatment	Prevention	Other*	TOTAL
A. ADMS Block Grant				
B. Other Federal				
C. State A/D Agency				
D. Other State				
E. County or Local				
F. Other Sources				
G. TOTAL				

* Includes State Alcohol/Drug Agency administrative costs.

2. Indicate the number of each of the following types of treatment units which received funds administered by the State Alcohol/Drug Agency in FY 1986:
- A. combined alcohol/drug treatment units _____.
 - B. alcohol only treatment units _____.
 - C. drug only treatment units _____.
3. Of all known alcohol and drug abuse treatment units in the State in FY 1986, regardless of funding source, estimate the percent that received any funds administered by the State Alcohol/Drug Agency _____.

II. ALCOHOL CLIENT INFORMATION

NOTE: All information in this section is to be based on alcohol client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Alcohol Agency.

4. Enter the number of ALCOHOL treatment client admissions during FY 1986.

ENVIRONMENT	TYPE OF CARE			TOTAL
	Detoxification	Rehabilitation/ Residential	Outpatient	
Hospital				
Non-Hospital				
TOTAL				

5. Enter the number of ALCOHOL treatment client admissions during FY 1986 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals for age and sex categories.

A.

AGE \ SEX	NO. OF CLIENTS		TOTAL
	MALE	FEMALE	
UNDER 18 yrs.			
18 - 20			
21 - 24			
25 - 34			
35 - 44			
45 - 54			
55 - 64			
65 and over			
Missing/Unknown Information			
TOTAL			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

(NOTE: Grand totals in Questions 4, 5A and 5B should agree.)

III. DRUG CLIENT INFORMATION

NOTE: All information in this section is to be based on drug client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Drug Agency.

6. Enter the number of DRUG treatment client admissions during FY 1986.

ENVIRONMENT	TYPE OF CARE			TOTAL
	Detoxification	Maintenance	Drug Free	
Hospital				
Residential				
Outpatient				
TOTAL				

7. For the DRUG treatment client admissions noted in item 6 above, enter the number of client admissions in each of the primary drug of abuse categories below:

Heroin	_____	Other Sedatives and Hypnotics	_____	Other Hallucinogens	_____
Non-RX Methadone	_____	Amphetamines	_____	Inhalants	_____
Other Opiates and Synthetics	_____	Cocaine	_____	Over-the- Counter	_____
Barbiturates	_____	Marijuana/ Hashish	_____	Other	_____
Tranquilizers	_____	PCP	_____	Missing/ Unknown	_____
				TOTAL	_____

8. Enter the number of DRUG treatment client admissions during FY 1986 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals by age and sex categories.

A.

AGE \ SEX	NO. OF CLIENTS		TOTAL
	MALE	FEMALE	
UNDER 18 yrs.			
18 - 20			
21 - 24			
25 - 34			
35 - 44			
45 - 54			
55 - 64			
65 and over			
Missing/Unknown Information			
TOTAL			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

IV. OTHER INFORMATION

9. Intravenous (IV) Drug Abuse

- A. Enter the total number of DRUG treatment client admissions in State funded programs during FY 1986 who were IV drug abusers: _____ or check ☐ unknown

- B. Estimate the total number of IV drug abusers in your State: _____ or check ☐ unknown

Check basis of estimate for item B: ☐ Direct measure
e.g., prevalence study

☐ Indirect measures
or indicator data

☐ Informed guesstimate.

10. Please list products currently available in your State that would be of interest to other States and that could possibly be replicated or used in other States, e.g., counselor certification/licensing standards, descriptions of innovative or model programs, program certification/licensing standards, model prevention plans, model treatment plans, needs assessment survey methodologies, program monitoring systems, resource allocation methodologies. After each product include name of contact person.

- A. _____
B. _____
C. _____
D. _____
E. _____

11. Does your State Alcohol/Drug Agency license, certify or otherwise approve the operation of service programs in your State? Yes _____ No _____

If yes, please indicate the types of approval given (e.g., licensure, certification or other) and the types of programs approved (e.g., residential treatment, outpatient treatment, prevention).

If no, please provide the name of the agency within your State, if any, that approves residential treatment programs. Agency name: _____

12. Please identify your State Agency's top three policy issues.

- A. _____
B. _____
C. _____

13. Were there any major needs identified through your recent State planning process for which resources were not adequate to meet those needs? Yes _____ No _____
- If yes, please provide a brief narrative description of those major needs and the types of resources required (e.g., staff, funds, facilities, technology, etc.).

14. Briefly describe any significant changes in alcohol and/or drug prevention and treatment services delivered within your State in FY 1986 and the reasons for these changes (e.g., impact of funding changes; increased intoxicated driver enforcement efforts; voluntary group activities; and/or changes in drug abuse trends).

15. Briefly describe the significant changes in alcohol and/or drug treatment and prevention services within your State from FY 1980 through FY 1986.

SADAP - 1986
Glossary of Terms

ADMS Block Grant - Federal funds awarded to the State via the Alcohol, Drug Abuse and Mental Health Services Block Grant program and used to support the provision of alcohol and/or drug treatment or prevention services.

Client Admissions - Individuals admitted to and provided services in appropriate treatment settings according to State definitions.

County or Local Monies - Funds that are provided by county or local governments to support the provision of alcohol and/or drug treatment or prevention services.

Detoxification (Alcohol) - Restoration of client sobriety through medical or non-medical means under the supervision of trained personnel. Includes detoxification services provided in an inpatient or outpatient setting.

Detoxification (Drug) - Planned withdrawal from drug dependency supported by use of a prescribed medication.

Drug Free - A treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers, but the primary treatment method is counseling, not chemotherapy.

Hospital - An institution that provides 24-hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanent facilities that include inpatient beds, medical and nursing services. Clients should be counted if they are receiving detoxification or treatment services primarily for alcoholism and/or other drug abuse.

Maintenance - The continued administering and/or dispensing of methadone, L-alpha acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin and other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Native American - The race/ethnicity group including Alaskan Natives, American Indians and Native Hawaiians.

Other (Type of Activity) - Other activities beyond treatment or prevention services, e.g., training, research and administration. All State Agencies have some administration costs and these should be shown in this category.

Other Federal - All Federal funds used for support of alcohol and/or drug treatment or prevention services other than the ADMS Block Grant monies. These could include funds provided through Federal programs such as the Social Services Block Grant, Medicare, the Federal share of Medicaid, Veterans Administration and Indian Health Service.

Other Sources - All funds used for support of alcohol and/or drug treatment or prevention services other than monies from the ADMS Block Grant program, Other Federal, State A/D Agency, Other State, County or Local sources. These funds could include reimbursement from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers.

Other State - State revenues appropriated to State governmental units or programs other than the State Alcohol and/or Drug Agency which are used to support alcohol and/or drug treatment or prevention services. These funds may or may not eventually be administered by the State Alcohol and/or Drug Agency. These funds would include the State share of Medicaid funds provided for treatment services unless the Medicaid share is provided by the State Alcohol and/or Drug Agency's State appropriation.

Outpatient Alcohol - Evaluation and treatment, or assistance services, provided on a short-term basis to clients who reside elsewhere.

Outpatient Drug - Treatment provided by a unit where the client resides outside the facility. The client participates in a treatment program with or without medication according to a pre-determined schedule that includes counseling and other supportive care services. For the purpose of this effort, day care should be included in this category.

Prevention - Those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or peer group situations. These services may be directed at any segment of the population. When reporting allocation of ADMS Block Grant funds, early intervention services may be included within this category.

Rehabilitation/Residential (Alcohol) - An approach which provides in a hospital or non-hospital (including a halfway house) setting, a planned program of professionally directed evaluation, treatment or rehabilitation services for alcoholism and alcohol abuse.

Residential (Drug) - An environment where the client resides in a treatment unit other than a hospital. Drug treatment halfway houses, inpatient rehabilitation units, sanctuaries and therapeutic communities are included in this environment.

State A/D Agency Funds - State revenues, earmarked taxes or seized assets specifically appropriated to the State Alcohol and/or Drug Agency for support of alcohol and/or drug treatment, prevention or other related services.

Treatment - A broad range of formal organized services (including diagnostic assessment, detoxification, counseling, medical, psychiatric, psychological, social service and aftercare support) for persons who have abused alcohol and/or drugs. These services are designed to alter specific physical, mental or social functions of persons under treatment by reducing client disability or discomfort, ameliorating the signs or symptoms caused by alcohol and/or drug abuse and influencing the behavior of such individuals in a positive way toward identified objectives/goals and improved functioning.

Treatment Unit - Discrete location, building or stand alone facility where alcohol and/or drug treatment services are provided by specially trained staff. In the case of outreach services, count only the permanent base of operations.

APPENDIX B

STATE-BY-STATE POPULATION,
PER CAPITA INCOME, POPULATION DENSITY AND STATE
REVENUE FIGURES

APPENDIX B

STATE-BY-STATE POPULATION, PER CAPITA INCOME,
POPULATION DENSITY AND STATE REVENUE FIGURES

STATE	POPULATION JULY 1, 1985	1986 PER CAPITA INCOME	1985 POP. DENSITY (per sq. mile)	FY 1985 STATE REVENUES (in thousands)
Alabama	3,996,000	\$11,096	78	\$6,601,044
Alaska	498,000	\$17,744	0	\$5,917,595
American Samoa	35,300	N/A	N/A	N/A
Arizona	3,161,000	\$11,220	27	\$5,330,494
Arkansas	2,348,000	\$10,773	45	\$3,342,452
California	26,063,000	\$16,778	166	\$57,894,216
Colorado	3,187,000	\$15,113	30	\$5,297,513
Connecticut	3,160,000	\$19,208	N/A	\$6,268,311
Delaware	617,000	\$15,010	319	\$1,682,013
District of Col	619,000	\$18,980	N/A	N/A
Florida	11,268,000	\$14,281	208	\$13,798,172
Georgia	5,905,000	\$13,224	101	\$8,759,703
Hawaii	112,100	N/A	N/A	N/A
Hawaii	998,000	\$14,691	155	\$2,676,984
Idaho	999,000	\$11,432	12	\$1,610,156
Illinois	11,493,000	\$15,420	206	\$17,573,049
Indiana	5,492,000	\$12,944	152	\$7,916,853
Iowa	2,882,000	\$13,222	51	\$4,697,391
Kansas	2,424,000	\$14,379	29	\$3,713,641
Kentucky	3,691,000	\$11,129	93	\$6,178,424
Louisiana	4,450,000	\$11,227	99	\$8,156,067
Maine	1,155,000	\$12,709	37	\$2,136,786
Maryland	4,343,000	\$16,588	441	\$8,221,203
Massachusetts	5,809,000	\$17,516	742	\$11,485,335
Michigan	9,077,000	\$14,064	159	\$17,262,139
Minnesota	4,191,000	\$14,737	52	\$9,378,366
Mississippi	2,593,000	\$9,552	54	\$3,922,729
Missouri	5,012,000	\$13,657	72	\$6,682,144
Montana	822,000	\$11,904	5	\$1,738,331
Nebraska	1,593,000	\$13,777	20	\$2,143,559
Nevada	925,000	\$15,074	8	\$1,909,081
New Hampshire	993,000	\$15,922	110	\$1,360,511
New Jersey	7,540,000	\$18,284	1009	\$15,904,710
New Mexico	1,433,000	\$11,037	11	\$3,578,714
New York	17,756,000	\$17,118	374	\$46,762,391
North Carolina	6,144,000	\$12,245	125	\$9,878,777
North Dakota	673,000	\$12,284	9	\$1,651,233
Ohio	10,730,000	\$13,743	261	\$21,242,350
Oklahoma	3,267,000	\$12,368	47	\$5,675,035
Oregon	2,686,000	\$13,217	27	\$5,337,286
Pennsylvania	11,840,000	\$13,944	263	\$20,336,975
Puerto Rico	3,266,000	N/A	954	N/A
Rhode Island	962,000	\$14,670	911	\$2,128,753
South Carolina	3,292,000	\$11,096	108	\$5,825,035
South Dakota	702,000	\$11,850	9	\$1,081,777
Tennessee	4,740,000	\$11,831	115	\$6,142,245
Texas	16,223,000	\$13,523	61	\$21,345,563
Utah	1,638,000	\$10,743	19	\$3,133,347
Vermont	535,000	\$12,845	57	\$1,109,092
Virgin Islands	1,073,000	N/A	812	N/A
Virginia	5,545,000	\$15,374	139	\$9,030,478
Washington	4,352,000	\$14,498	65	\$9,780,504
West Virginia	1,936,000	\$10,530	80	\$3,672,424
Wisconsin	4,774,000	\$13,796	87	\$9,740,100
Wyoming	505,000	\$13,230	5	\$1,945,554

N/A = Information not available.

APPENDIX C

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

ALABAMA:

- o Leff Resource Allocation Model - Mary Lee Rice, Division Director
- o Program Certification Standards - Mary Lee Rice

ALASKA:

- o Client Outcome Study - Dennis Kelso, University of Alaska-Anchorage
- o Alaska Natives & Alcohol Bibliography - Dennis Kelso, Univ. of Alaska, Anchorage
- o "Here's Looking at You" Curriculum Implementations - Matthew Felix

AMERICAN SAMOA:

- o N/A

ARIZONA:

- o Program Standards
- o Working on Establishment of Computerized System that will Include Alcohol and Drug Abuse and Client Tracking System.
- o Will be Creating State Methadone Rules and Regulations for Both Non-Profit and For-Profit Methadone Programs.

ARKANSAS:

- o Merger of Alcohol Counselors Certification Board and Drug Counselors Certification Board into the Arkansas Substance Abuse Certification Board Ms. Sandra Renfrow at (501) 783-8849
- o "Early Intervention Programs" for Parents, Families and youth; State Developed; - W.R. Davis, O.P.C.
- o "Life Skills Training"; Pilot Program for 7, 8, 9th Grade Studies in Pulaski County Independent School District; - W.R. Davis, O.P.C.
- o "K-6 Education Curriculum"; State developed Teacher Training Project - W.R. Davis, O.P.C.

ARKANSAS (con't):

- o College-Based Prevention Program; Funded Through the AR College Personnel Association for all State College Campuses; Mini-Grants to all State Schools and Universities - W.R. Davis, O.P.C.

CALIFORNIA:

- o Program Certification Standards
- o Program Licensing Regulations
- o Administrative Standards for County Programs
- o Standards for Drug Treatment Programs (for certification)
- o Manual for Monitoring County Operations
- o Monitoring Manual for Treatment Providers

COLORADO:

- o Needs Assessment Methodology - Bruce Mandelson
- o Fiscal Policies & Criteria for Reimbursement (unit of service system) Marcia Gladstone
- o Licensing Standards - Danelle Young
- o Prevention Strategies - Fred Garcia

CONNECTICUT:

- o Funding Regulations - Sandra Sunderland
- o Monitoring System for Funding Regulations - Carolyn Suchecki
- o Substance Abuse Licensing Standards - under development - Dept. of Health Services.
- o Counselor Certification/Licensing Standards - Robert Savage
- o Mainstreaming the Treatment of Elderly Alcohol Abusers in Eleven Alcohol Treatment Programs - Robert Savage
- o Mainstreaming the Treatment of the Deaf and Hearing Impaired in One Alcohol Treatment Program - Robert Savage

CONNECTICUT (con't):

- o Model Comprehensive Community-based Collaboration of United Way, Local Government, School Boards, Corporations and Providers - John Higgins Biddle (203) 334-5106

DELAWARE:

- o Program Licensing Standards - Marcia Fernandez-Hermo
- o Contact/Program Monitoring Protocol - Marcia Fernandez-Hermo
- o Fee-for-service Contract Mechanism - Harris Taylor
- o Model Public/Private Program Effort - Harris Taylor

DISTRICT OF COLUMBIA:

- o N/A

FLORIDA:

- o Florida Cocaine Task Force Report - Linda Lewis
- o State Alcohol and Drug Abuse Licensure Standards - Linda Lewis

GEORGIA:

- o Georgia's Alcohol and Drug Treatment System - A Year End Look at Georgia's Effort. August 1986 - Fred Richmond
- o AIDS Training and DUI Projects - Tony LaSalata
- o Fetal Alcohol Syndrome Project - Margaret Cone
- o Prevention Efforts - Margaret Cone
- o Service Definitions and Quality Assurance Standards - Betty James

HAWAII:

- o Counselor/Program Administrator Certification - Patricia Hunter
- o Women and Children Treatment Program - Joyce Ingram-Chinn

IDAHO:

- o Treatment Facilities Rules and Regulations - Shelly Rust
- o Alcohol and Drug Abuse Evaluators Rules, Regulations and Minimum Standards - Shelly Rust
- o 6th Grade Learning Unit - Jane C. Smith

ILLINOIS:

- o Illinois Network to Organize the Understanding of Community Health (InTouch) - Lynda Chott
- o Triplicate Prescription Control Program - Mark T. Bishop
- o Substance Abuse Information and Referral Services - Lt. Governor George H. Ryan
- o Illinois Substance Abuse Counselor Certification Board (ISACCB) - Patricia A. Chesler
- o Prevention Resource Center (PRC) - Jackie Garner

INDIANA:

- o Long Range Plan for Development of a Balanced Service System - Linda Kinney

IOWA:

- o Children of Alcoholics Manuals (2) for Adult COA's & Elementary - Cynthia Kelly
- o Transparencies that Visually Explain Public Health Prevention Model - Dr. Alvera Stern
- o Licensure Standards for Correctional Facilities & the Licensure Review Process - G. Dean Austin
- o The Key Informat Approach to Needs Assessment - Dr. Louise Lex
- o A Needs Assessment Training Package for Prevention Program Staff - Cynthia Kelly

KANSAS:

- o "Kansas Data" Informational Documents - Larry Hinton
- o Treatment Licensing/Certification Standards - David Chapman
- o Corrections Systems Alcohol & Drug Treatment - Ron Miller

KANSAS (con't):

- o Regional Prevention Plan - Elaine Brady Rogers

KENTUCKY:

- o State Plan - Mike Townsend
- o DUI Program Report - Don Thurber
- o Non-Medical Alcohol & Drug Treatment Standards - Carol Sauers
- o Champions Against Drugs Program - Dianne McAvoy
- o Program Policies & Reimbursement Manual - Hugh Spalding

LOUISIANA:

- o Licensing Standards for Alcohol & Drug Abuse Programs - Steve Phillips, (504) 342-5774
- o Guidelines for Rehabilitation Programs for Operating a Vehicle While Intoxicated - Sanford Hawkins, (504) 922-0727
- o Louisiana Association of Substance Abuse Counselors & trainers (Counselor Certification Standards) - Sherry Ammand, (318) 797-7916
- o Substance Abuse Prevention & Education (innovative prevention plans) - Regionald Grace (504) 342-3473.

MAINE:

- o Model Prevention Programs - Dorothy Mithee
- o Substance Abuse Treatment Licensing & Certification Standards - Sylvia Lund
- o Board of Registration of Substance Abuse Counselors - Diane Bradstreet

MARYLAND:

- o Drug/Alcohol Program Certification Standards - Charles Alexander
- o Model Prevention Plans - Darlind Davis
- o Adolescent Treatment Program Model - Gloria Merriam
- o Educational Seminar Format Re: Drugs & Pregnancy - Sandra Yorke

MARYLAND (con't):

- o 28 Day Residential Cocaine Dependency Unit - Sandra Yorke

MASSACHUSETTS:

- o Program Monitoring System - Phil Carroza
- o Drug and Alcohol Outpatient & Residential Treatment Licensing Regulations - Harriet Robbins
- o Regional Resource Allocation Plans - Harriet Robbins

MICHIGAN:

- o Alcohol and Public Policies Prevention Initiative (print and audio-visual materials) - Mark Steinberg
- o Michigan Model for Comprehensive School Health Education - Ilona Milke
- o Apprentice Counselor Credentialling System - Irma Lopez
- o Licensing (service providers) Rules and Procedures - Cheryl Clark

MINNESOTA:

- o Minnesota Prevention Resource Center - Jerry Jaker, (612) 427-5310
- o Video Tapes on Chemical Dependency and the Hearing Impaired - Bob Robertson
- o Assessment Training Curriculum - Karen Edens
- o Placement Criteria - Lee Gartner
- o Drug and Alcohol Abuse Normative Evaluation System - David Koenig

MISSISSIPPI:

- o Prevention/Education Project - BE SMART, DON'T START, JUST SAY NO, K-12 - Suzanne Scott

MISSOURI:

- o Certification standards for programs - Robert McClain

MISSOURI (con't):

- o Model Staffing Patterns and Budgets - Andrew L. Homer
- o Annual Reports, Alcohol and Drug Abuse Management Information System - Georgian Haslag
- o Policy and Procedures Manual for the Missouri Institute for Prevention Services - R. Hayton
- o Self-Help Involvement of Clients in Missouri Alcohol and Drug Abuse Programs - Andrew L. Homer, Ph.D.
- o "The Missouri Model: A Statewide Strategy for Preventing Substance Abuse Among Teenagers" - R. Hayton

MONTANA:

- o Counselor Certification Standards
- o Treatment Program Approval and Evaluation Standards
- o Alcohol and Drug Client Information System
- o Standards for Minors in Possession (MIP) Educational Programs
- o Standards for Driving Under the Influence (DUI) Educational Programs

NEBRASKA:

- o Program Certification Standards - Romeo Guerra
- o Model Program Description - Children from Alcoholic Homes - Gordon Tush
- o Five-Year Plan - 1985-89 Chronic Care - Gordon Tush
- o School Intervention Programs - Gordon Tush
- o School Curriculum - Gordon Tush

NEVADA:

- o Counselor Certification - Mary Jenkins
- o Program Accreditation - Mary Jenkins
- o Dedicated Alcohol Tax - Richard Ham
- o Impact of Aids and Policy Analysis - Richard Ham

NEW HAMPSHIRE:

- o Fall Mountain Regional School District-Comprehensive Program Prev. & Ed. - Mary Dube
- o Teen Institute - Denise Devlin
- o Impaired Driver Intervention Program - David Southworth
- o Counselor Certification - Denise Devlin
- o Crisis Intervention - Geraldine Sylvester

NEW JERSEY:

- o Mandatory Alcoholism Treatment Reimbursement Legislation & Regulations
- o Residential Alcoholism Treatment Facilities-Cost Accounting & Rate Eval Guide.
- o Alcohol Education Rehab. & Enforcement Fund Legislation (Designated Beverage Tax)
- o Statewide Community Organization Program (SCOP) to establish local Prevention Project
- o Certification of Drug & Alcohol Counselors.

NEW MEXICO:

- o Governor's Alliance Against Drugs (11/86 Report) Contains model prevention plans model RX plans, policies, etc. - Gloria de Tevis
- o Student Drug Use (10/86) Incidence and Prevalence Survey and findings - Ellen Costilla

NEW YORK (ALCOHOL):

- o Innovative Model Program: East Harlem Project - Shirley Burris
- o Innovative Model Program: Community Action project - Betsy Comstock
- o Model Prevention Programs: Program Guidelines - Besty Comstock
- o Self Instructional Manual (cost of state) - Donald Burger

NEW YORK (DRUG):

- o Innovative Model Programs
- o The Homeless Emergency Assistance Referral and Treatment (HEART) - Project Franklin Soto (212) 587-2245
- o Law Enforcement Awareness and Resource Network (Project LEARN) - Joan Waite (518) 457-2078

NORTH CAROLINA:

- o Standards for Area Programs and Their Contract Agencies - J. Ransdell (919) 733-4772
- o Needs Assessment Survey for Adolescents - Jamie Norton (919) 733-4555

NORTH DAKOTA:

- o Counseling/Certification - John J. Allen
- o Licensing of Facilities - John J. Allen

OHIO:

- o Driver Intervention Program Cost Reimbursement System - Walter Hull
- o Teenage Institute on Alcohol & Other Drugs - Rob Steele
- o Ohio Drug & Alcohol Studies Institute - Etolia Rowe
- o Program Certification Standards Process - Louis Haynes
- o Management and Fiscal Information System - Walter Hull and Larry Isch

OKLAHOMA:

- o "Growing Up Strong" - Drug Abuse Prevention & Mental Willness for Pre-schoolers - Paula Grove, 1-800-522-9054
- o "Daybreak" - Drug Abuse Prevention for 5th & 6th Graders
- o Standards & Criteria for Alcohol, Drug and Mental Health Services for State of Oklahoma Department of Mental Health - Rita Byram
- o Oklahoma Mental Health Information System - Dept. of Mental Health - Bill Hatch

OREGON:

- o Statewide Study of Alcohol and Drug Use by Oregon Public School Students
- o Methodology to evaluate youth intervention and treatment programs
- o Statewide Program Performance Measuring System
- o Status Reports on Three Pilot Projects: (1) Vocational Rehabilitation Division/Alcohol and Drug Abuse Programs, (2) Employment Division/Alcohol and Drug Abuse Programs and (3) Adult & Family Services-Childrens Services Division/Alcohol and Drug Abuse Programs.
- o A State Plan for 16 State Agencies: THE GOVERNOR'S COUNCIL PLAN ON ALCOHOL AND DRUG ABUSE PROGRAMS

PENNSYLVANIA:

- o Program Licensing Standards - Stewart Scheetz, (717) 783-8045
- o Model Prevention Plans - Jeanine Peterson, (717) 783-8200
- o Needs Assessment Model - John Hair, (717) 783-8665
- o Counselor Certification Standards - Bruce Caldwell, (717) 626-9524
- o Program Monitoring System - Michael Filanowski, (717) 783-8307

PUERTO RICO:

- o Project for Public Housing Areas Which Involves State Agencies and Seeks to Improve Quality of Life Among Residents - Mrs. Anna I. Emmanuelli, (809) 763-3133
- o School Prevention Project and Materials - Mrs. Anna I. Emmanuelli, (809) 763-3133
- o Municipal Prevention Committees - Mrs. Anna I. Emmanuelli, (809) 763-3133
- o Accreditation and Standards for Licensing Treatment and Prevention Programs - Mrs. Nadina Rentas, (809) 758-7855
- o Description of Department's Policy - Mr. Jose R. Sanchez Rivoleda, (809) 763-7575

RHODE ISLAND:

- o Model "School Substance Abuse Policy Guide" (K-12)
- David Hamel
- o Model "Children of Alcoholics Prevention Program"
(Redhouse Program - ages 8-18) - David Hamel
- o Driving While Intoxicated (DWI) Legislation - Gail
Lamphere
- o Bridge Aftercare Project (Peer support for
Recovering Addicts - Kerry O'Neil)
- o Counselor Certification Standards - David Hamel
- o Transitional/Long-Term Care Model for Chronic
Inebriates - Erika Koch
- o Brown University Needs Assessments: 1) Substance
Abuse Treatment in RI-Population Needs and Program
Development and 2) Care for the Chronic Inebriate

SOUTH CAROLINA:

- o Credentialling Criteria-Counselor, Intervention
Spec., Prevention Spec - Julie Trent
- o Treatment Standards for Subcontractors - William
Belvin
- o "On A Pedestal" - Original Skits on Alcohol, Drugs,
and Women - Judy Miller
- o Women's Alcohol Education Package - Gaye Christmas
- o Prevention Project - School for Deaf and Blind -
Katie Altman
- o Outpatient Licensing Standards - Alan Samuels,
Office of Health & Environmental Control.

SOUTH DAKOTA:

- o Chemical Dependency Counselor Certification
Standards - Robert Anderson
- o Accreditation Standards for Treatment Programs -
Robert Anderson
- o Proposed Prevention Specialist Certification
Standards - Peg Latta

TENNESSEE:

- o Alcohol and Drug Model Policy for Schools - Terry Huff
- o Review of Alcohol and Drug Prevention Curriculum Materials - Jennie Heywood
- o Governor's Task Force Report on Youth Alcohol and Drug Abuse - Jennie Heywood
- o Juvenile Court Youth Alcohol Highway Safety Projects - Glenn Fleming
- o Tennessee "No" Team (TNT)/Just Say No Community Handbook - Jeff Garland
- o Juvenile Justice Youth Demonstration Project - Lynn Scarborough

TEXAS:

- o Treatment Program Licensure Standards - Lucille Gray
- o Alcoholism Prevalence Estimation Techniques - Dick Spence
- o Evaluation of Treatment Programs Using CODAP Data - Dick Spence
- o Economic Cost of Alcoholism and Drug Abuse - Jane Maxwell

UTAH:

- o Incidence & Prevalence Survey - Dan Lebenta
- o Consolidated Social Services Plan - Jean Binyon
- o Program Licensing Standards - Carolyn Jones
- o Lotus 1-2-3 Program for Calculating Outpatient Unit Costs - Amenda Singer
- o K-12 Education Curriculum & Teacher Training - Mary Lou Emerson

VERMONT:

- o Counselor Approval Regulations
- o Program Standards
- o Current Client Survey

VERMONT (con't):

- o Capitated fee-for-service
- o Integrated Care Model

VIRGINIA:

- o Training Manual for Staff at Social Setting Detox Programs - W. Thacker

VIRGIN ISLANDS:

- o FAS Prevention Material - Marcia Jameson
- o Youth Prevention Material - Marcia Jameson

WASHINGTON:

- o Prevention Programs - Paul Templin
- o Program Certification Standards - Roger Kriebaum

WEST VIRGINIA:

- o Counselor Certification Standards - Mary S. Pesetsky

WISCONSIN:

- o Counselor Certification Standards - Joanne Potts, (414) 542-4144
- o Fetal Alcohol Syndrome Movie "One For Your Baby" - Vince Rittacca, (608) 266-2754
- o T.R.A.I.L.S. Indian Youth Prevention Projects - Clem Jauquet, (608) 266-9611
- o Need Based Allocation Formula - Bob Fry, (608) 267-7714
- o AODA Indicator Report - Michael Quirke, (608) 266-7584
- o Cocaine Task Force Report - Ken Goleiden, (608) 266-1520
- o Minority Needs Study - Kathy O'Connor, (608) 267-7707

WYOMING:

- o Intensive Outpatient Treatment Program - C. Day c/o Division of Community Programs.

APPENDIX D

STATE AGENCY LICENSURE, CERTIFICATION AND/OR OTHER APPROVAL
PROCEDURES FOR SERVICE PROGRAMS

STATE AGENCY LICENSURE, CERTIFICATION AND/OR OTHER APPROVAL
PROCEDURES FOR SERVICE PROGRAMS

<u>STATE</u>	<u>DOES STATE AGENCY LICENSE, CERTIFY OR APPROVE SERVICE PROGRAMS</u>	<u>TYPE OF APPROVAL</u>
ALABAMA:	Yes	Certification of Residential Treatment and Outpatient
ALASKA:	Yes	By regulation this agency has Approval Authority (certification). Service components include: management/support services, emergency services, inpatient care, intermediate care, outpatient care, outreach, consultation and education, and aftercare.
AMERICAN SAMOA:	No	Not Applicable
ARIZONA:	Yes	Behavioral health licensing (includes drug and alcohol agencies) responsibility has just been added to the newly re-established Division of Behavioral Health. Residential treatment, outpatient, partial care, domestic violence shelters, methadone clinics are some of the facilities covered. We also, through the Office of Community Behavioral Health Services, have approval responsibility for methadone maintenance and detoxification providers.
ARKANSAS:	Yes	Generally, we conduct accreditation review for programs that receive funding via this office and are not part of a community mental health center or a hospital. Mental health centers and hospitals are accredited by the State Division of Mental Health and JCAH respectively.

CALIFORNIA (ALCOHOL)	Yes	Licenses residential, nonhospital, alcoholism recovery facilities and drinking driver programs for multiple offenders. Certifies (on request of program) residential and nonresidential direct service alcohol programs. Does not include referral or prevention types of service.
CALIFORNIA (DRUG)		Licensure of methadone programs. Certification of residential and outpatient drug-free programs.
COLORADO:	Yes	Licensing of all types of alcohol and drug treatment programs that wish to receive public funds and/or referrals of persons who have been convicted of alcohol drug driving offenses.
CONNECTICUT:	Yes	Funded programs must meet requirements of CADAC regulations, which include all treatment, rehabilitation, prevention and intervention programs. Programs providing services to first offenders for DWI (Driving While Intoxicated) must meet the requirements of CADAC regulations. Licensure of substance abuse treatment programs is done by the Ct. Department of Health Services.
DELAWARE:	Yes	Licensure. All Alcohol and/or Drug Abuse Programs

DISTRICT OF
COLUMBIA:

Yes

The State Alcohol/Drug Agency
gives final approval for:

residential drug treatment
after a program receives
licensure as a residential
facility

outpatient drug treatment
(methadone) after FDA approval.

FLORIDA:

Yes

Licensure - all treatment and
prevention modalities

GEORGIA:

Yes

Types of Approval and Program
Approved by State A/D Agency

Community Mental Health
Programs have a site review
biennially by the Quality
Assurance Section of the
Division of Mental Health,
Mental Retardation and
Substance Abuse for purpose of
Certification. State operated
drug programs and alcohol and
drug facilities are licensed by
the Office of Regulatory
Services in the Department of
Human Resources.

GUAM:

Not Applicable

Not Applicable

HAWAII:

Yes

Program Accrediation - in
design phase. Also, Hospital
and Medical Facilities Branch
licenses residential programs.

IDAHO:

Yes

Licensure for residential
treatment, outpatient
treatment, and detoxification
treatment.

ILLINOIS:

Yes

DASA grants and licensure for the following drug abuse treatment services provided in free-standing (non-hospital) facilities:

- Medical Referral Services
- Outpatient Methadone
- Outpatient Drug Free
- Residential Methadone
- Residential Drug Free
- Transitional Care Drug Free
- Transitional Care Methadone
- Research Methadone
- Research Drug Free
- Early Intervention
- Training/Education
- Street Drug Analysis
- Criminal Justice Referral
- Criminal Justice Referral
- Jail Methadone

DASA also grants licensure to individuals using controlled substances.

DASA also grants licensure to free standing Driving Under the Influence Programs for the following service:

- Alcohol and Drug Evaluation
- Alcohol and Drug Remedial Education
- Bar Tender Training

The Illinois Department of Public Health grants licensure to all free standing alcohol treatment facilities.

INDIANA:

Yes

Certification of Treatment Programs: Detox, outpatient, intensive outpatient, residential, transitional residential. Certification of court-sponsored intervention programs.

IOWA:

Yes

By state law, a license from the Division of Substance Abuse, Iowa Department of Public Health, is required for 1) maintaining or conducting any chemical substitutes or antagonists program; 2) a residential program; or 3) an outpatient program for treatment of substance abusers. This includes correctional special unit facilities and Operating While Intoxicated programs that provide 24-hour, live-in, 7-day-a-week substance abuse treatment services. Iowa also has standards for funded community-based prevention programs that are part of the contract for services with the state agency.

KANSAS:

Yes

Licensure and certification of treatment programs

KENTUCKY:

Yes

The Kentucky Division of Substance Abuse approves annual plans and budgets for the fourteen (14) Regional Mental Health and Mental Retardation Boards. The Division of Licensure and Regulation provides the licensure for Community Mental Health Center and for non-medical alcohol and drug programs. The Single State Authority has funding authority not licensure authority.

If State A/D Does not Approve,
Name of Other State Agency
Which Approves Residential
Program: Division of Licensure
& Regulation, Mr. Woody Dunn,
Director

LOUISIANA:	No	Outpatient, residential, inpatient, social detoxification, halfway house, methadone and prevention/education programs are all licensed by another State agency.
MAINE:	Yes	Licensure: shelter, detoxification, residential rehabilitation, non-residential rehabilitation, halfway house services, extended care - in non-hospital settings. Licensure for hospital based programs is optional. Certification: outpatient programs in non-hospital programs. Certification is optional.
MARYLAND	Yes	Certification of Outpatient and Residential Treatment
MASSACHUSETTS:	Yes	Licensure: Outpatient Counselings ALcohol & Drug Detoxification Residential rehabilitation programs Driver Under The Influence of Liquor 2nd Offender Programs Methadone Detox Methadone Maintenance Public inebriate programs Short-term intensive inpatient programs
MICHIGAN:	Yes	Licensing of all substance abuse prevention, casefinding and treatment service provider organizations. Apprenticeship Counselor Certification.
MINNESOTA:	Yes	The SSA itself does not license treatment programs in our state. This is done by another Division within the Department of Human Services. The SSA does, approve program operations when granting funds for prevention and treatment. This approval process includes

MINNESOTA (cont'd)

the review of determination of need, licensing status, and complaints. Under the new Consolidated CD Treatment Fund all treatment programs (free-standing, residential, hospital, and non-residential) will be licensed by the Department of Human Services (vs. Dept. of Health, which formerly licensed hospitals).

MISSISSIPPI:

Yes

Programs are certified by the Department of Mental Health's Minimum Standards for Mental Health Services. Program areas that are certified include: Substance Abuse Services (inpatient and outpatient); Halfway House Services/Three - Quarterway House Services; Prevention Services; and Second and Subsequent DUI Diagnostic Assessment Programs.

MISSOURI:

Yes

Missouri certifies detoxification, residential, outpatient, methadone maintenance, and prevention programs.

MONTANA:

Yes

Treatment: Non-Hospital Detox., Inpatient Hospital, Inpatient Freestanding, Intermediate Care (Transitional Living) and Outpatient

Education: DUI Educational Course Mid Educational Course

NEBRASKA:

Yes

Programs are licensed by State Health Department and certified by the Division on Alcoholism & Drug Abuse:

- A. Outpatient
- B. Partial care
- C. Short term residential
- D. Long term residential
- E. Emergency/detoxification
- F. Prevention
- G. Prevention counseling

NEVADA:	Yes	Personnel are certified as counselors and program administrators. Programs are accredited as out patient, residential and daycare. Facilities are licensed in conjunction with the Bureau of Health facilities.
NEW HAMPSHIRE:	No	Not Applicable
NEW JERSEY:	Yes	Drug Agency license residential and outpatient drug abuse programs. Alcohol Agency does not license treatment facilities.
NEW MEXICO	Yes	The Drug Abuse Bureau through the monitoring section conduct annual site evaluations checking management, fiscal and clinical issues and comparing program practice against state standards. These evaluations are administered to all state funded programs and their various components of treatment.
NEW YORK (ALCOHOL):	Yes	The Division of Substance Abuse Service licenses and monitors a statewide network of more than 400 treatment and prevention programs which provide services on both a residential and outpatient basis.
NEW YORK (DRUG):	Yes	Approval of establishment and/or construction through Certificate of Need (CON) of freestanding facilities for alcoholism (whether inpatient residential or outpatient except private professional practice). Authority extends to any alcoholism service in a general hospital but we participate in the Department of Health's (DOH's) CON review process with DOH having final decision authority.

NEW YORK (DRUG) (cont'd)

Certification of all alcoholism services regardless of provider (except private professional practice) equivalent to a licensing process.

NORTH CAROLINA:

Yes

This division certifies all of its programs in compliance with its approved standards. Certification is either temporary, provisional or full. Licensing is done by the State Division of Facility Services pursuant to rules adopted by the Commission for Mental Health, Mental Retardation and Substance Abuse Services. All treatment programs, both public and private, are subject to licensure in North Carolina. For further information, contact Margaret Stephenson (919) 733-4472.

NORTH DAKOTA:

Yes

Licensure - Residential and outpatient programs

OHIO:

Yes

The State of Ohio licenses methadone programs and certifies all service categories for both alcohol and drug programs: residential treatment and outpatient treatment. Alcoholism treatment programs are required to be certified only if they receive state funds. All drug treatment programs are required to be certified only if they receive state funds. All drug treatment programs are required to be registered (whether or not they receive state funds), while certification remains optional. Licensure is required of all methadone programs.

OKLAHOMA:	Yes	Alcohol and drug program certification for referral, outreach, community education, medical detoxification, non-medical detoxification, pretreatment (short term residential), residential, halfway house, outpatient, day treatment, day school, and methadone detoxification, State Department of Health licenses the facility.
OREGON:	Yes	1. Licensure for residential treatment 2. Certification of outpatient and detoxification treatment 3. Certification of prevention and intervention services 4. Certification of DUI treatment 5. Certification of Alcohol and Drug Evaluation Specialists.
PENNSYLVANIA:	Yes	License - all treatment activities and shelter services Approval - all prevention and intervention services, e.g., hotline, drop-in.
PUERTO RICO:	Yes	1. Register certification to produce, distribute, prescript and sell controlled substance 2. Licensure to operate drug abuse, alcohol and prevention centers.
RHODE ISLAND:	Yes	Prevention programs are not subject to licensure; they are, however, monitored, and undergo an annual grant review process. Licensed programs include outpatient drug and alcohol programs, day treatment programs; halfway houses (alcohol); therapeutic communities (drug); inpatient programs (14-28 day); methadone maintenance; and alcohol social setting detoxification programs.

SOUTH CAROLINA:	Yes	Certifies Alcohol and Drug Safety Action Programs (drinking driver)
SOUTH DAKOTA:	Yes	Certification for: Inpatient Outpatient, Counseling and Support Services, Social Setting Detoxification, Transitional Care, Custodial Care, and Prevention
TENNESSEE:	Yes	Licensure 1. Residential Services 2. Non Residential Services (includes DUI Schools and Early Intervention Programs)
TEXAS:	Yes	Licensure of alcohol and combined alcohol and drug abuse treatment - detoxification, primary residential, intermediate residential, long-term care, intensive outpatient, supportive outpatient. Certification of programs to receive persons involuntarily committed Certification of programs to receive public inebriates Certification of DWI Education Programs
UTAH:	Yes	We license all treatment programs which hold themselves out to the public as providing alcohol &/or drug services, including residential treatment, residential support, outpatient treatment, social detoxification, and receiving centers. We do not license prevention programs; they are provided for through contract. We also license programs providing DUI services and certify DUI instructors.

VERMONT:	Yes	Issue approval of both outpatient and residential programs required for receipt of State or federal funds and/or third party reimbursement, but not equivalent to license to operate. Residential programs must also be licensed by the Department of Social and Rehabilitation Services regarding health and safety issues for "residential therapeutic communities".
VIRGINIA:	Yes	- Residential - Inpatient - Outpatient - Day Treatment - Prevention - Early Intervention - Detoxification
VIRGIN ISLANDS:	Yes	Approval of Prevention Programs
WASHINGTON:	Yes	Certification of all types of drug and alcohol programs: alcohol and drug --- outpatient, alcohol information school, DWI assessment agencies, intensive inpatient, recovery house, extended care recovery house, detoxification. Note: Residential programs are also licensed by Health Division.
WEST VIRGINIA:	Yes	Licensure of treatment facilities, including outpatient, residential, and transitional living.
WISCONSIN:	Yes	Certification, Licensure or Assurance provided for the following programs: - A Prevention - B Intervention 2 EC - Inpatient 2 Detox - Receiving Center 1 EC - Outpatient 1 Soc. Setting Detox 4 Outpatient

WISCONSIN: (cont'd)

- 8 Residential Treat.
- 6 Day Ser. - Non-Medical
- 5 Day Ser. - Med.
- 7 Sheltered Emp.
- 8 Meth. Treat.
- 9 Ext. Care - Non-Med.
- 9 Ext. Care - Med
- 10 Residential Inpatient

WYOMING:

Yes

Certification: Outpatient,
Prevention - Residential

APPENDIX E

STATE NARRATIVE REPORTS ON MAJOR NEEDS

STATE NARRATIVE REPORTS
ON MAJOR UNMET NEEDS

ALABAMA:

- o Funding continues to be a major constraint. In order to maintain current level of effort, and increase of \$506,070 is projected. In addition, the following is proposed:

- Upgrade Detoxification	\$550,000
- Develop 2 Day Treatment programs	\$782,000
- Increase Adolescent Beds	\$180,000
- Increase Ambulatory Services	\$905,000
Total Increase =	\$2,323,070

ALASKA:

PREVENTION PROGRAM

- o Our major needs consist of additional funds for (a) recruitment of additional specialized personnel to offer psychotherapeutic intervention; (b) audiovisual equipment and materials for the design and production of mass media campaigns oriented towards the different group populations.

DRUG ABUSE PROGRAM

- o Due to the lack of funds the demand for services was not adequately met. Due to limitations on specialized personnel and physical resources a total of 2,911 addicts from the free community and 600 inmate-addicts could not receive treatment services.

AMERICAN SAMOA:

- o All monies are used to fund the position of one staff person to execute as well as implement any alcohol/drug program, prevention project or education project. No funds remained in order to carry out objectives or to purchase supplies. As most clients are Samoan speaking, it is needed to recruit and train one recovering alcoholic who is bilingual.

ARIZONA:

- o Expanded residential treatment services are needed for women with dependent children, for clients needing detoxification services, and for drug abusing youth. Various facilities already established need refurbishment and more realistic salary structures. Additional funding is required to add staff and expand facilities.

ARIZONA (cont'd):

- o The capacity to serve clients in need of methadone maintenance services is not sufficient to meet demand. Publicly supported programs are having to delay client registration. Additional funding is required to add staff.
- o The development of new domestic violence shelters and the expansion of old ones continues to be a priority for the Office of Community Behavioral Health Services. While a non-substance abuse line item in our budget, the abuse is often related to the misuse of drugs.
- o Funds for facilities and staff are needed.

ARKANSAS:

- o The increased number of clients admitted to treatment reporting cocaine as the primary drug of abuse support the need for increased activities in the areas of public information, primary prevention and early intervention.
- o The high incidence and prevalence of alcohol and other drug abuse among women, elderly and minorities and the underutilization of existing treatment services by these populations.
- o The need for community and school based prevention services in rural areas of the state; they have limited access to printed materials, film, VCR tapes, projection equipment, and speakers. The cost pamphlets and audio visual materials is rising and the demand has more than doubled for this material. Funds to train teachers in K-12 curricula and specific curriculum is very expensive but badly needed. Materials are identified but the cost is beyond our funding ability; a statewide curriculum would be best for all schools.

CALIFORNIA ALCOHOL:

- o A recent analysis of California demographics identified 163,766 alcohol abusers below the poverty level. To serve this population, the State would need 655 detoxification beds at a cost of \$15,312,754; and 11,461 recovery beds at a cost of \$116,399,348; plus 1,640 full-time equivalent nonresidential recovery facilitators at a cost of \$46,666,200. Total cost for recovery could be \$178,378,302.

CALIFORNIA ALCOHOL (con't):

- o Prevention services, at 20 percent of service system, would be \$35,675,962. Currently publicly appropriated funds budgeted by counties are \$60,322,065. Therefore, the unmet need for services to alcohol abusers below the poverty level is \$153,731,897.

CALIFORNIA (DRUG):

- o Additional \$1,000,000 to increase School Community Primary Prevention project to all 58 counties rather than the current 18 counties.
- o Additional funding to increase the number of adolescent residential facilities and residential services for women and their small children.
- o Target funds for additional outreach and outpatient services for youth and adults, ethnic minorities, and other special populations.

COLORADO:

- o It is estimated that there are approximately 260,000 alcohol abusers and 220,000 drug abusers in Colorado. Current prevention, intervention and treatment resources are inadequate to serve the entire abusing population. There are gaps in every areas.

CONNECTICUT:

- o CADAC's recent planning/budgeting process identified three major needs which did not receive funding for the coming fiscal year. They were: (1) funding to allow expansion of existing prevention programs and (2) funding to allow salary improvement for counselors and other direct treatment staff in community-based substance abuse programs. (3) funds for increased support for existing outpatient programs to enable them to respond to the increased demand for such services.

DELAWARE:

- o Replacement of Federal dollars by State appropriations

DISTRICT OF COLUMBIA:

- o A major objective, planned but partially achieved, in FY 86 was to expand outpatient and residential drug treatment slots. This objective was partially

DISTRICT OF COLUMBIA (con't):

delayed due to community opposition to the placement of programs. There is a need to intensify community education regarding the benefits of treatment programs.

FLORIDA:

- o Major needs include adequate treatment and prevention dollars to upgrade staff, rehab and upgrade facilities, develop community prevention networks, expand services in early intervention for at-risk groups.

GEORGIA:

- o Start up funding for Phase III of the Alcohol and Drug Regional Services system. There would be additional re-direction of regional hospital resources to community resources \$335,285.
- o Adolescent Long-Term Residential Care (2-35 bed facilities) - 70 beds at \$1,459,452.
- o Specialized Adolescent Day Treatment - 120 slots at \$785,430
- o Supervised Congregate Living for Chronic Adults (2-30 bed facilities) - 60 beds at \$1,007,646
- o Specialized Residential Detox and Extended Care Facility for Cocaine and other Drugs - 30 beds at \$347,720

GUAM:

- o No Response

HAWAII:

- o Service Needs:
 - Halfway House Beds
 - Adolescent Outpatient and Residential
 - High-risk group prevention programs
 - Staff and Funds
- o Other Needs:
 - Training - staff and funds
 - Government, Industry support - funds, and more importantly, need recognition of substance abuse as a priority.

IDAHO:

- o More tax dollars for treatment.
- o Treatment components in State supported custodial facilities & educational programs.
- o Training programs for licensed & certified professionals and general public.
- o Expand "Here's Looking at You, Two" in public schools.
- o Establish licensure for drug/alcohol counselors.
- o Assess use of DUI Evaluators.

ILLINOIS:

- o Service System Design & Coordination Issues - lack of continuum of care, state vs. local control over resources and planning and coordination of services provided to clients who also receive services from other human service agencies (e.g. Mental Health, Children and Family Services, etc.).
- o Special Population Issues - the need for more services targeted towards specific populations such as youth, women, dually affiliated (mentally ill and substance abusing), elderly, etc.

Resources Required - training, research, coordination and cooperation with other human services providers and money.

- o Special Program and Initiative Impacts Upon the Treatment System - the impact of tougher new DUI laws, prevention initiatives and increased intervention efforts are resulting in an increased amount of referrals to the treatment system.

Resources Required - research.

- o Quality of Care/Treatment Outcome Issues - the need for more specialized staff training (e.g. youth, vocational training) and further study of certain services such as methadone maintenance and early intervention was identified.

Resources Required - more training, more research.

- o Administrative Procedures, Rules & Regulations - Licensure, funding mechanisms, legal questions involving clients with AIDS, mandated treatment of minors were raised.

ILLINOIS (con't):

Resources Required - legislative action revision of rules and regs., research

INDIANA:

- o Supply reduction of alcohol for youth (Public Policy)
- o Lack of skills in diagnostic and intervention activities in referral agents (social workers, physicians, etc.) (Training Funds)
- o Non-hospital residential treatment for low-income persons (Funds).

IOWA:

- o In a needs assessment survey, key informants from across the state called for more community-based half-way house and residential services for juveniles, adult women, and adult men (in that order). Unfortunately, funds were available to maintain existing services, add one new women's residential facility, and expand bed capacity for women in another facility. The needs of juveniles, the group with the most serious substance abuse problems, were addressed by increasing outpatient services that are less costly than residential services. Residential services and inpatient services for juveniles continue to be major unmet needs.

KANSAS:

- o Youth Treatment: Funding, programs for indigent youth
- o Prevention and Intervention Programs for Youth: Funding to provide services statewide
- o Services for Institutionalized Adults and Youth: Funding to expand services for persons in custody of the state.

KENTUCKY:

- o Treatment for co-dependency
- o Treatment for adolescents (detoxification, residential & transitional)
- o Services for victims & perpetrators of domestic violence

KENTUCKY (con't):

- o Services for the public inebriate
- o Services for the elderly
(staff, facilities, technology for all five issues)

LOUISIANA:

- o Outpatient treatment services continue to be major need
- o Special treatment programs for chemically dependent adolescents
- o Specialized training for staff in treatment of patients addicted to cocaine and other Schedule I and II drugs.

MAINE:

- o Separate treatment programming for adolescents
- o Outpatient services in rural areas
- o Halfway house services for women

MARYLAND:

- o COLA increases for Drug and Alcohol treatment program personnel - \$1,330,000
- o 10 short term residential care beds and 25 group home beds for adolescents - \$1,295,000
- o Intensive outpatient treatment for PCP abusers - \$300,000
- o Street Outreach for AIDS prevention - \$220,000
- o 30 short term residential beds for cocaine dependency - \$440,000
- o Women's Chemical Dependency Recovery House - \$350,000
- o Expansion of Women's Outpatient Treatment Services \$240,000
- o Expansion of Alcoholism and Drug Abuse Prevention Services - \$1,050,000

MASSACHUSETTS:

- o Major needs identified in Massachusetts were facilities and programs for the civil commitment of chronic alcoholics; programs for dual diagnosis and handicapped clients which require specially trained staff; facilities which are accessible; coordination of funding from different state agencies; and longer term residential support for the severely impaired and for young people. The obstacle to this programming has been funding.

MICHIGAN

- o The Michigan substance abuse network has been unable to achieve numerous long-range plans due to lack of resources. These include full implementation of a comprehensive prevention plan; the establishment of central diagnostic and referral centers for the conduct of independent client assessments, matching and follow-up; and needs of special populations. In addition, treatment programs throughout the state continue to maintain client waiting lists due to inadequate resources.

MINNESOTA:

- o Minnesota has experienced a large influx of refugees. A number of refugees have or are experiencing chemical abuse and dependency problems. Efforts to address this problem are minimal. The main reasons are funding and even more so, the lack of available bilingual, bicultural professionals to deal with the problem. The needs of the homeless alcoholic/drug user are also not being adequately addressed, nor are the various dual disability groups (e.g., MI/CD, MR/CD).

MISSISSIPPI:

- o More inpatient and/or residential treatment facilities for individuals whose primary drug of choice is one other than alcohol. Resources required are funding, facilities, and staff.
- o Additional treatment beds for adolescents are needed in the northern and southern portions of the state. Resources required are funding, facilities, and staff.
- o Training is needed for persons working in treatment facilities as well professionals volunteers providing prevention activities. Resources required are funding and staff.

MISSOURI:

- o Current financial resources allow the Division to reach only 36% (17,775) of the target population estimated at 49,000 persons. There is a large gap between existing and desired service levels, as may be seen in the following statewide summary:
- o Areas of special need are treatment services for adolescents, women, family members of substance abusers, chronic public inebriates and prevention services for adolescents, drop-outs, and children of alcoholics.

MONTANA:

- o Lack of detoxification and patient beds for the eastern Montana population (funds)
- o Lack of transitional living or extended care beds (funds, staff and facilities)
- o Lack of outreach and outpatient services in Montana's rural towns and communities - (funds)
- o Maintenance of existing levels of service with decreasing public funds - (funds)
- o Staff training - (funds, staff).

NEBRASKA:

- o Service priorities were established for additional services in the areas of emergency/detoxification and separate program for youth treatment. In addition, needs were indicated for additional prevention services aimed at youth and schools.

NEVADA

- o The greatest unmet need is adequate funding for current programs. Facilities need upgrading and many staff work for less than competitive wages. The second greatest need is prevention programming for youth.
- o The type of resource to meet both these needs is additional funding.

NEW HAMPSHIRE:

- o Additional out-patient capabilities to reduce waiting list--funding required. Separate minimum security setting for second and multiple DWI offenders, where intervention and introduction to treatment and self-help groups can be implemented.

NEW HAMPSHIRE (con't):

- o A second half-way house for recovering male alcoholics.
- o Assessment teams for appropriate evaluation and treatment planning for juveniles with substance abuse problems - and resources to fund that treatment.
- o EAP training team to offer technical assistance and training for NH's businesses making these requests. Staff and funding.

NEW JERSEY:

- o Homeless/Chronic Debilitated Alcoholics and Drug Addicts in need of residential extended care services.
- o Teenage substance abusers in need of primary services.
- o Substance abusers who have an additional simultaneous condition including AIDS, mental illness and hearing loss in need of primary services.
- o Indigent clients who are unable to pay for treatment services.

NEW MEXICO (ALCOHOL):

- o Early Intervention
- o Intermediate Residential Treatment
- o Services for Women, Minorities & Adolescents
- o Detoxification Services
- o Prevention

NEW MEXICO (DRUG):

- o Increased funding for detox alternatives including day treatment, inpatient care, aftercare support services.
- o Resources for improving evaluation mechanisms measuring prevention and treatment outcomes.
- o Improving services for children and families especially inhalant abuse disorders and residential care.

NEW MEXICO (DRUG) (con't):

- o Certification and training for counselors.
- o Resources for improving schools and community substance abuse prevention services.

NEW YORK (ALCOHOL):

- o The unmet alcoholism service delivery system reaches approximately eight per cent of the population in need. Almost all existing inpatient and outpatient alcoholism treatment services report excessive waiting time for entry into service. In many communities the most fundamental services, including alcoholism clinics, do not exist.

	ADULT INPATIENT REHABILITATION	INPATIENT DETOXIFICATION	COMMUNITY CRISIS RESIDENCE CENTER	OUT PATIENT	
Need -1990	2490	1495	5200	967	5,051,004
Approved Supply-1986	1787	760	1063	406	1,314,942
% Need Met	72%	51%	20%	42%	26%
Unmet Need (BEDS/VISITS)	703	735	4137	561	3,736,062

NEW YORK (DRUG):

- o The Division of Substance Abuse Services oversees a statewide network of programs providing treatment and rehabilitation services to substance abusers in communities throughout the state. Treatment services benefit not only the abusers whose health and personal status are improved, but society at large. However, a great many substance abusers who problems are serious -- including substantial numbers who are the cause of enormous social and economic costs -- are not in treatment. Overall, there are more than 260,000 narcotic addicts and more than 550,000 heavy nonnarcotic abusers in the state -- while only 75,000 - 800,000 substance abusers are known to receive treatment during a year.
- o Additional resources are needed in order to serve a greater proportion of "needy" persons -- including those who would seek to enter treatment if acceptable services were readily available to them and those who may require substantial outreach and other efforts to persuade them to enter treatment.

NEW YORK (DRUG) (con't):

- o New York also supports an extensive network of prevention and early intervention services. These services reach millions of New York State residents through statewide public information/awareness and community volunteer efforts, and local prevention and early intervention programs. However, local prevention programs are concentrated primarily in school-based settings in New York State and focus on students in junior and senior high schools. While this particular youthful target population must continue to be given high priority, incidence and prevalence data indicate that there are other groups where increased emphasis on prevention and early intervention are important.
- o Effective prevention clearly would be the best means of dealing with the problems of substance abuse. However, prevention services -- together with all service components in the substance abuse field -- are severely constrained by recent funding decisions. Major efforts are required merely to maintain existing levels of services. But, if New York State is to deal successfully with the burgeoning problem of substance abuse, more effective and increased prevention efforts must be given high priority.
- o The summary of problems/concerns and recommended directions listed below focus on particular aspects of prevention service where additional resources are most clearly needed.

NORTH CAROLINA:

- o As a result of a recent needs assessment, many adolescents have been identified as under-served in this state. A need for expanded intensive outpatient and residential treatment resources has been identified. These programs will require staff, funds, and fixed assets that are not currently available.

NORTH DAKOTA:

- o Increase staff of agency - need funds
- o Increase programs for elderly - need facilities and funds
- o Increase prevention programs statewide - need staff and funds
- o Provide detox services - need funds and facilities.

OHIO:

- o Alcoholism allocations to the field decreased by 6.6% from Fiscal Year 1985 to 1986. In the meantime costs for indigent care have risen to approximately \$50 million based on a 3.5% inflation factor. These costs range from administrative to direct service costs and have been estimated at approximately \$1,545 per client.
- o Federal resources for alcoholism have declined from Fiscal Year 1980-86 amounting to \$473,163 or 18% (from \$2,693,096 to \$2,219,933). When factoring in inflation at a rate of 44.8%, using the same methodology for drug abuse funding, the federal reductions in the base award for Fiscal Year 1980-86 amounted to \$1,440,522 or 28% (from \$5,087,458 to \$3,646,936). When factoring in inflation at a rate of 3.5% per year for the past seven years, drug abuse experienced a loss of \$2,826,877 or 43.7%. Both reductions included any set-aside initiatives, such as, the direct NIAAA funds and women's set-aside.
- o We are continuing to increase our efforts in the area of resource development to meet the needs for all alcoholic clients, and as addressed last year, particularly to special populations.

OKLAHOMA:

- o Oklahoma now provides NO state funds for prevention. The State Alcohol and Drug Advisory Council recently recommended a prevention program funding request of at minimum 2 million dollars to broaden the federally funded programs to encompass the state for the next 4 years. The Council also identified the need for more treatment services for detoxification, halfway houses, outpatient, and expanded the budget request from \$6 million to \$20 million for the next 4 years.

OREGON:

- o Outpatient and residential services to youth.
- o Residential services to women with children.
- o Intervention and prevention services to youth.
- o Additional outpatient services for individuals with alcohol and drug problems that are clients of agencies of the Department of Human Resources (e.g., Employment Division, Adult and Family Services, Vocational Rehabilitation, etc.).
- o Services to clients with dual diagnosis problems.

PENNSYLVANIA:

- o Increase residential and outpatient drug and alcohol abuse treatment resources for adolescents.
- o Expand the Juvenile Treatment Alternatives to Street Crime.
- o Continue and expand teen pregnancy and parenthood.
- o Expand non-hospital detoxification facilities and funding sources.

PUERTO RICO:

PREVENTION PROGRAM

- o Our major needs consist of additional funds for (a) recruitment of additional specialized personnel to offer psychotherapeutic intervention; (b) audiovisual equipment and materials for the design and production of mass media media campaigns oriented towards the different group populations.

DRUG ABUSE PROGRAM:

- o Due to lack of funds the demand for services was not adequately met. Due to limitations of specialized personnel and physical resources a total of 2,911 addicts from the free community and 600 inmate-addicts could not receive treatment services.

RHODE ISLAND:

- o Transitional and long-term care for chronic alcoholics.
- o Shelter care for alcoholics.
- o Residential and outpatient treatment programs for adolescents.
- o Methadone Maintenance services are inadequate.
- o Inadequate resources, across all modalities, to meet the current demand for services (i.e waiting list in almost all programs).
- o Lack of growth/expansion in the treatment/prevention system due to decreased and inadequate funding.
- o Two catchment areas do not have funded prevention programs.

RHODE ISLAND (con't):

- o Inadequate financial resources to implement school substance abuse intervention and student assistance programs.
- o Lack of funding to provide treatment for AIDS victims.
- o Inadequate financial resources to provide specialized counselor training in the areas of AIDS and cocaine treatment.
- o Need for additional funding for provision of Student Assistance Programs Statewide (present funding addresses approximately 1/10 of need).
- o Additional funding is needed for operating residential services for alcoholic women.

SOUTH CAROLINA:

- o Increased funding for primary prevention programs, including community primary prevention specialists, School Intervention Program, expanded Teen Institute, provision of alcohol and drug information, and programs for institutionalized youth.
- o Full funding of services required by recently enacted revisions to the Involuntary Commitment Act.
- o Continuation of cost-of-living salary increases for county alcohol and drug abuse personnel.

SOUTH DAKOTA:

- o An informal assessment of need throughout the system revealed a lack of:
 - Social detoxification and transitional care facilities for women;
 - Affordable and accessible treatment and transitional care facilities;
 - A lack of custodial care facilities for chronic alcoholics not responsive to shorter term therapies.
- o In all cases, the shortage of funds inhibits development.

TENNESSEE:

- o Treatment Services Needs for both adults and children and youth -- Major completion of the continuum of care in all regions of the state are needed, which indicate services from detoxification, residential programs, halfway houses and group homes, intensive outpatient services, special women's services, services for the chronic public inebriate, and outreach services. These services will require funding, staff, local facility development, and evaluation.
- o Prevention and Education Needs for both adults and children and youth -- Prevention services have been initiated for children and youth, including the latest Tennessee "NO" Team programming; additional programs are needed: family intervention, school based intervention, parent groups. There are no prevention services for adults, and they will require a complete programming effort: Media Program, Family Intervention, Training, Clearinghouse, Targeted Education. These services require funding, staff, local networking development, and evaluation.
- o Support of existing services -- It is a statewide fact that existing state funded services are not adequately supported from a cost factor nor a funded allocation factor. Besides the study required to assess the cost analysis, it will require additional funding to raise the level of support to all services, including treatment, prevention, and education. In addition, the geographic regional needs for the number of services in relation to needs requires both study, planning, and funding for implementation of additional services, not just new services.

TEXAS:

- o TCADA estimates there are 857,771 adult problem drinkers in need of treatment and 170,525 of these are without resources and should be treated by the state. We need 4694 beds and 10,168 outpatient slots to meet this need. There are 1,008,821 drug abusers in need of treatment. TCADA is requesting funds from the Legislature to begin to meet these needs. There are 844,184 children living with alcoholic parents and 19,251 juveniles arrested for substance abuse. Funding is being sought to intervene with these children and to provide prevention and education services in the schools.

UTAH:

- o Treatment services for youth (under age 18)---funds and effective methods needed (Pilot project now underway). Prevention & treatment for ages 18-25--funds. Prevention & education programs to reduce prescription drug abuse--funds. Effective treatment for young (ages 16-25) male Hispanic offenders--funds, staff and know how needed. MIS programs terminated due to lack of funds.

VERMONT:

- o Currently the existing array of services is having difficulty meeting the client demand. More general out-patient services are required for this purpose, particularly in two regions of Vt. In addition, services to older Vermont women and school age youth are needed. We believe that we have the technology to meet these needs. The resources are the primary problem.
- o Overall the existing system is in financial trouble. With the exception of a few outpatient clinics most programs are experiencing serious problems.

VIRGINIA:

- o Staff and funding for prevention/early intervention programs.
- o Funding for the purchase of residential treatment slots.
- o Funding for diversion and alternatives programs.

VIRGIN ISLANDS:

- o Our major need, for which there are no resources available to us, is for qualified staff, or some program to train staff locally.

WASHINGTON:

- o Need long-term shelter beds for homeless alcoholics.
- o Need additional alcohol and drug abuse residential treatment beds.
- o Need additional agency certification staff, especially for influx of private-for-profit treatment agencies.

WASHINGTON (con't):

- o Need additional funding for community based outpatient treatment.
- o Need additional special inpatient and outpatient programs for youth.

WEST VIRGINIA:

- o Expanded specialized services for adolescents.
- o Expanded day treatment programs for adults.
- o Expansion of outpatient services.
- o Expansion and improvement of public inebriate shelter services system.
- o Long-term residential treatment for chronic alcoholics.
- o All above services could be provided with a sufficient increase in funds to provide staff and facilities.

WISCONSIN:

	<u>Certification</u>	<u>Licensure</u>	<u>Assurance in State/ County Contracts</u>
A Prevention			X
B Intervention			X
2 EC - Inpatient	X		
2 Detox - Receiving Center	X		
1 EC - Outpatient	X		
1 Soc. Setting Detox.	X		
4 Outpatient	X		
8 Residential Treat.		X	X
6 Day Ser. - Non-Medical			X
5 Day Ser. - Med	X		
7 Sheltered Emp.			X
8 Meth. Treat	X		X
9 Ext. Care - Non-Med.			X
9 Ext. Care - Med			X
10 Residential Inpatient	X	X	X

WYOMING:

- o Adolescent treatment both in outpatient and residential. Major obstacle is lack of resources (financial).

APPENDIX F

STATE NARRATIVE REPORTS
OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1986

STATE NARRATIVE REPORTS
OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1986

ALABAMA:

- o One Quarterway residential program closed due to inability to financially maintain itself with available support. Three new programs were started with setaside funds in addition to maintaining the four started in FY 1985.

ALASKA:

- o There was increased effort towards enforcement of the drunk driving laws and there appears to be more abuse of other drugs as well as alcohol.
- o Private treatment companies constructed two for profit hospitals.
- o Private outpatient clinics were established in the metropolitan areas.

AMERICAN SAMOA:

- o Recently, the governor has reorganized American Samoa Government Agencies. One facet of the reorganization has caused a split in a clinic called Human Services (an office to serve child abuse alcohol/drug RX, substance abuse, mental health, adoptions and other social services). As a result alcohol/drug is in the process of gaining financial support in order to continue functioning.

ARIZONA:

- o A number of private methadone clinics were established or applied for. A recent survey shows 2,126 methadone maintenance clients registered in Arizona with 920 of those served by private clinics. Lack of funds to expand state-supported methadone programming has precipitated rapid private sector growth during the past 3 years.
- o The implementation of a Statewide Regional Administrative Entity System which places the determination of need and the designation of services at the local community level was completed.

ARKANSAS:

- o Increased comprehensive residential adolescent treatment services. Reason - lack of such services.
- o Increased use of volunteers to be used as "trainers" in Early Intervention Projects (EIP). Reason - (1) Greater demand for such services and (2) insufficient funding for state personnel to perform such services.

CALIFORNIA (ALCOHOL):

- o The most significant change in alcoholism services during FY 1986 was in services to women.
- o United State Public Law 98-509 mandated that five percent (5%) of all the State's alcohol, drug, and mental health (ADAMHA) block grant funds be used for new or expanded alcohol and drug services for women through the federal fiscal years 1985 through 1987. (Later this mandate was changed to three percent the first year, but California elected to allocate five percent, as plans were well underway before the change.)
- o Five percent of California's ADAMHA grant for Fiscal Year 1985 was \$2.4 million. This amount was set aside for women's programs. Sixty percent (\$1.4 million) of this amount was allocated to the Division of Alcohol Programs for women's alcohol program services. Of this \$1.4 million for the year of implementation (FY 1985/86), half was allocated to Direct Services and half to Indirect Services. For the second year (FY 1986/87), \$1.4 million is allocated for Direct Services.
- o The Division of Alcohol Programs was given authority to allocate 1.4 million annually for women's alcohol services. The Division of Alcohol Programs decided to select programs at the state level by conducting a competitive bidding process. This process was to insure the selection of a variety of programs and meet the intent of the Federal Guidelines to address specific target populations such as minorities, low income women with children, victims of violence, older women, youth, and pregnant women.
- o Twenty-four new or expanded programs were established with these funds, providing services in 32 counties.

CALIFORNIA (DRUG):

- o Statewide (National) Drug Prevention Conference "Prevention '86".
- o The federal five percent set aside for women's services has resulted in an increased level of prevention and treatment services for women and, where applicable, their children.
- o The significant increase in cocaine use has required rethinking and reprogramming of drug abuse prevention and treatment services.
- o Considerable interest in mounting regarding formation of EAP's and the legal issues surrounding employee drug testing.
- o Implemented emergency regulations which reduce restrictions on admissions to methadone programs in order to admit more patients at risk for AIDS to methadone treatment.

COLORADO:

- o The division piloted in FY 86 and in implementing in FY 87, two modifications to the public treatment system. Intermediate residential treatment is a third reimbursement level for residential services that is between intensive treatment and halfway house services. It is intended to give more flexibility to halfway house programs to deal with the chronic severe clients who need longer term therapy and are inappropriate for shorter term (21 days) intensive therapy. "Shelter" services have been added to all non-hospital detoxification units. This concept requires that readmissions to detox be screened to determine if they will benefit from further treatment. If not they are assigned to the shelter component where services are limited to acute detoxification and the stay is limited to two days. The legislature reduced funding for treatment for indigent drinking driver clients by 61%.

CONNECTICUT:

- o Consolidation of all substance abuse responsibility (except licensing) in this agency. This was done for reasons related to administrative efficiency and integrated planning.
- o Establishment of a minimum set of tasks to be engaged in by all providers of community awareness programming. These requirements provide basic uniformity of effort across all providers.

CONNECTICUT (cont'd):

- o Establishment of program categories for primary prevention which ensure that programs focus efforts in directions suggested by literature and research; eliminates older, less effective model programs.
- o Establishment of a grant program for local, municipal supported prevention councils. This was a recommendation of the Governor's initiative.
- o Interagency response to the AIDS problem, which is worsening each year, including funding staff positions, training, the establishment of guidelines for treatment programs serving AIDS clients, etc.

DELAWARE:

- o Increased emphasis on cost containment measures (attempt to reduce impact of anticipated federal funding reductions).

DISTRICT OF COLUMBIA:

- o Significant changes in Fiscal Year '86 included:
 - Appropriated budget for services doubled from FY '85;
 - To accomodate the increasing number of clients seeking admission, the District has:
 - 1) increased residential treatment beds by 75,
 - 2) increased outpatient drug treatment by 1050 slots,
 - 3) increased outpatient slots for monitoring criminal justice referrals;
 - Greater emphasis on youth treatment and prevention (2 residential treatment programs opened, another is planned);
 - Increase in private sector and community-based primary prevention in accordance with national trends.

FLORIDA:

- o Major impact from cocaine/"crack" use;
- o Increased visibility of alcohol and drug abuse statewide.

GEORGIA:

- o From October 1985 through June, 1986, utilization of community services increased from 77 to 230 beds, in FY'85 the State was spending \$4.4 million to provide 194 beds of alcohol and drug services. Those beds were primarily located in Regional Hospitals, 60% and almost exclusively used for detoxification services, 77%. In FY 87 with the addition of \$2 million the State now has 280 beds of services. The distribution of those beds is more dispersed and the type of treatment provided is broader currently, 18% of the beds are in the hospital, and 55% are for detoxification purposes. The remainder provide continued treatment after detoxification services. In 1985, we had the opportunity to re-define the way we were providing alcohol and drug abuse services. This opportunity became possible when we achieved budgetary permission to pool our hospital and community resources. This budgetary permission allowed for regional flexibility to plan and to implement a coordinated comprehensive recovery system of care.

HAWAII:

- o Additional services geared to cocaine abusers as a result of increased need for these services
- o Addition of a therapeutic foster home program for adolescents and a dual-diagnosed residential treatment program for adults

IDAHO:

- o Mandatory treatment for DUI Offenders House Bill No. 451 passed in second regular session 1986.

ILLINOIS:

- o Increased intoxicated driver enforcement efforts - legislation was passed that not only stiffened penalties for DUI (driving under the influence) but also required DASA to license DUI evaluation and remedial education program. Thus, standards are now in place to insure the quality of these programs.
- o Increased coordination among state agencies. During FY'86, DASA and other state level human service agencies such as the State Board of Education and the Department of Children and Family Services developed program which jointly address the needs of the clients (e.g. students, neglectful mothers, wards of the State) of each department. These

ILLINOIS (cont'd):

efforts have helped to better target the services of each department as well as to help insure that people in need of help do not fall through the cracks.

- o The Illinois Addictions Research Institute - in FY'86 funding for the Addictions Research Institute was made available. The Institute is responsible for conducting and coordinating research in the area of alcohol and substance abuse addiction.

INDIANA:

- o No significant changes in FY 86.

IOWA:

- o More women and juveniles sought help for substance abuse problems, possibly because services at community-based treatment programs expanded for both groups.
- o Innovative projects included these high-risk population groups: adult children and alcoholics, young children of alcoholics, Native American youth, Black youth and the elderly. In addition, the state funded a 10-year study of school children and prevention strategies. Except for the elderly project, these projects were started in FY 85 when Iowa had increased funds for such projects.
- o Cooperative efforts between the Department of Corrections and IDSA in FY 86 led to the development of licensure standards for state correctional facilities and facilities treating drunk drivers. New state legislation passed in FY 86 mandated substance abuse treatment for third-time drunk driving offenders in special community corrections programs.
- o Based on reports from midwestern states near Iowa, the amount of drug confiscation within the state has increased and there has been a gradual increase in the number of persons admitted for cocaine addiction within the last 3 years. The number of individuals requiring treatment for this dependency-producing drug is expected to rise.

KANSAS:

- o Implementation of treatment programming in state corrections facilities.

KANSAS (cont'd):

- o Enactment of mandatory health insurance coverage for alcohol, drug abuse and mental illness treatment
- o Proliferation of private for profit treatment facilities.

KENTUCKY:

- o The 1984 Legislature passed a Drunk Driving law that established a service fee that goes to pay for treatment services for indigent offenders. These funds have been subcontracted to the fourteen (14) Community Mental Health Centers for prevention, assessment, education, and treatment services. Previous to this law, all of the Community Mental Health Centers did not have DUI assessment and educational programs.
- o The 1986 Legislature passed funding for \$250,000 for adolescent intensive outpatient programs in five (5) locations.

LOUISIANA:

- o Administration of two (2) inpatient treatment units located in State mental hospitals was transferred to the Office of Prevention and Recovery from Alcohol & Drug Abuse bringing the total inpatient treatment units from two to four.
- o Increase in the intoxicated driver enforcement efforts has resulted in the statewide establishment of education and treatment programs for court referred DWI offenders.

MAINE:

- o During FY 86 our State Legislature increased the premium on alcohol beverages sold in Maine. This will enable us, through an interdepartmental planning effort, to expand the service base in a variety of ways such as expansion of outpatient services in rural areas, establishment of a halfway house for women, increased services for adolescents and expanded prevention programming in the educational system. We anticipate that this increased funding will assist us in the further development of a comprehensive range for substance abuse treatment services.

MARYLAND:

- o Channeling prevention funds through local County Coordinators and Community groups who can best determine their communities needs in the area.
- o Development of AIDS prevention and treatment programming for IV drug addicts.
- o Development of a Fetal Alcohol Syndrome program.

MASSACHUSETTS:

- o During FY 85, the separate Mass. Division of Alcoholism and Division of Drug Rehabilitation underwent an administrative merger. The merger was a logical extension of ongoing efforts to establish a cohesive and comprehensive network of substance abuse and prevention and treatment resources in the state. The Divisions also sharply increased funding for prevention services, in response to an increase in demand for these services from schools and community groups due to general public awareness of drug and alcohol problems.

MICHIGAN:

- o None, other than further progress on institutionalization of the Michigan Model for Comprehensive School Health Education.

MINNESOTA:

- o Cocaine/Crack use has been increasing and a few programs have developed specialized programs to deal with this problem. Another program has developed; a special program for the CD/AIDs population. Attempts are being made, but greater emphasis needs to be placed on prevention efforts in the state's colleges and universities, especially given the rise in the drinking age to 21.

MISSISSIPPI:

- o In FY 86, six new and/or expanded programs for women were implemented with ADMHA Block Grant monies. These include one new residential program for women and three new day treatment programs for women. Two existing women's residential programs were expanded by adding a special women's outreach worker to each program.

MISSISSIPPI (con't):

- o The Executive Prevention Committee composed of the directors of state agencies, groups, and programs with primary responsibilities in the area of alcohol and drug abuse prevention was formed. This group and their designees began meeting to coordinate prevention activities for the state including workshops and an education project for FY 87.

MISSOURI:

- o No major changes were made in the way alcohol and drug abuse services were delivered. All services were re-bid by the Request-for-Proposal mechanism. Two new 20-bed adolescent treatment programs were established. The Missouri Institute for Prevention Services was fully implemented statewide, allowing the Division to reach the goal of establishing uniform, consistent and comprehensive services focused on high-school age youth.

MONTANA:

- o Development of approval standards for DUI and minors in possession educational schools.
- o Increased tax on wine/beer to provide additional public funds for treatment.
- o Development of the Montana communities for drug free youth to increase communication between local community/prevention efforts.
- o Enhancement of counselor certification requirements and standards.

NEBRASKA:

- o The Division received an additional appropriation from the legislature of \$830,000. This provided for some expansion in funded treatment and prevention services.

NEW HAMPSHIRE:

- o Basically the same as 1985

NEW JERSEY:

- o FY 1986 marked the first full implementation year of the Alcohol Education Rehabilitation and Enforcement Fund, a designated beverage tax. It provided 8.5 million dollars to the 21 local advisory committees

NEW JERSEY (con't):

on alcoholism to implement a comprehensive county based network of prevention and treatment services. Efforts were made to combine AIDS prevention with drug treatment by sending drug abuse treatment outreach workers into the community to provide information about AIDS and to bring at-risk population into treatment.

NEW MEXICO:

- o Funding cuts and policy directives resulted in substantial decreases in services availability for methadone detox/maintenance services, (\$500,000 less invested). Prevention services increased by 24%. Four new school-district comprehensive models, one new inpatient drug treatment program for adolescents primarily. Governor's Alliance Against Drugs created. Strengthened family advocacy/networking activities.

NEW YORK (ALCOHOL):

- o Legislation was enacted that granted Medicaid provider status to non-hospital based inpatient alcoholism treatment agencies.

NEW YORK (DRUG):

- o This year has witnessed the rapid escalation of two new areas of major concern. Both the spread of AIDS and the easy availability of CRACK in virtually all areas of the state have spurred the development of major public awareness efforts. It is fully expected that, by the end of the 1986-87 fiscal year, approximately 125 additional drug-free residential, 500 drug-free outpatient, 1,000 methadone maintenance, and 200 detoxification slots will have been created in order to allow the state's service delivery system to cope with these new threats. In addition, mobile outreach units have expanded their focus to include users of CRACK as well as homeless substance abusers and "special services units" are now working to coordinate referrals of CRACK abusers. Educational materials for school students relating to both AIDS and CRACK have been made available and the Division's toll-free telephone information line has been expanded to increase access by callers seeking information on CRACK and referral to treatment.

NORTH CAROLINA:

- o Due to a legislative allocation of \$1.2 million, early intervention programs for adolescents have been implemented across North Carolina during FY 1986.
- o In addition, statutory changes have been implemented that place the responsibility for involuntary commitments within the arena of area (local) mental health authorities.

NORTH DAKOTA:

- o State provided monies for establishment of community based programs resulting in 90 community based programs.
- o Governor established DUI Task Force which continues to improve upon DUI legislation and legislation related to the sale of consumption of alcoholic beverages.

OHIO:

- o DWI funds, which were initiated in Fiscal Year 1985 increased slightly over projections and therefore offset some of the funding reductions. Ohio collects \$75.00 in license reinstatement fees for DWI offenders who attend Driver Intervention Programs. This increase though, has not changed our ability to significantly increase services in the continuum of care due to the fact that we have had to set aside part of the ADMHA Block Grant funds for women. In Fiscal Year 1982 Ohio, in the transition between the categorical grants to block grants, was required to pick up nine directly funded projects without additional funding. Overall, our federal funds have decreased commensurate with the national average of 45.8%.
- o Therefore, we have had to reallocate a greater portion of our resources to these new initiatives which has, in turn, reduced our capability of maintaining existing services. State General Revenue funds were increased in Fiscal Year 1986, but did not adequately replace the shortfalls, including the declining liquor funds. Ohio receives 1 1/2% in gross liquor profits and 20% in liquor permit fees. We have been experiencing a decline in liquor sales since 1979, and our share has thereby been reduced.

OKLAHOMA:

- o Prevention has not changed significantly this year. The treatment services were tentatively targeted for \$1 million reduction with a cancellation of 11 contracts. Reshuffling, however, cancelled only 7 programs and reducing 20 programs out of 52 programs for FY '86.

OREGON:

- o We have experienced an increase in heroin admissions due to the availability of black tar heroin. During the last six months, utilization for methadone maintenance has averaged 119 percent.
- o The number of youth (18 and under) in treatment has increased from 4 percent in FY 1981-82 to a high of 11 percent in FY 1985-86. The need for treatment services is clear when one reviews the results of the 1985 Study of Drug Use by Oregon Public School Students. Oregon eighth and eleventh graders reported high rates of use for alcohol, marijuana, inhalants, amphetamines, and cocaine.
- o The number of cocaine admissions has increased dramatically since FY 1980. There has been a 478 percent increase.

PENNSYLVANIA:

- o Drug and alcohol curriculum K-12 is now available in 398 school districts out of 501 in the State.
- o All 67 counties now have DUI programs.
- o The State Employee Assistance Program now covers all 99,000 State employees.
- o Student Assistance Programs were expanded from 4 to 69 school districts
- o Admissions for treatment of cocaine abuse almost doubled - from 2,683 (3.8% of admissions) to 4,839 (7.2% of admissions).

PUERTO RICO:

- o Merging of two organizational structures within the Assistant Secretariat for Drug Treatment.
- o Design and implementation within a new rational concept for treatment: "Therapeutic Community".

PUERTO RICO (con't):

- o Optimization of existing resources according to academic and work experience. All of the above changes responded to the needs of a client population at this point in time.
- o During fiscal year 1985-86, special intensive treatment program for women was initiated in the Alcoholism Treatment Centers of Caguas and Manati. These services are provided to families who request them. Among services provided to clients, to meet the needs identified are: individual therapy, pharamcotherapy, group and occupational therapy, medical evaluations and detoxifications, family therapy, etc.
- o The most significant changes in alcohol and/or drug prevention services in 1986 were: priority attention to the experimenter and high risk population within a framework to therapeutic community and the existentialist model of Eric Erickson; the principal approach is secondary prevention; primary prevention is offered mainly by means of a close coordination with other agencies such as the Department of Public Education services are intensified in public housing projects in urban high incidence sectors; Municipal Committees are created in municipalities which do not receive intensive preventive services. These changes, based in our need assessment findings, occurred due to the needs to reorient our efforts towards secondary prevention and to try new approaches and psychotherapeutic models appropriate to prevention intervention; to give attention to the population of high criminal and addiction incidence in public housing projects of certain urban sectors; and to coordinate our efforts with other agencies.

RHODE ISLAND:

- o Creation of the Governor's Commission on Youth Alcohol and Substance Abuse, created by Executive Order, combines state and private organizations to address substance abuse prevention issues for school-aged children. This commission provides \$60,000 which has allowed for some additional school-based prevention services.
- o During FY 86, volunteer efforts allowed for expanded parent group activities.

RHODE ISLAND (con't):

- o The prevalence of AIDS among IV drug users has created an alarming need for specialized treatment services and expanded training efforts. These needs have not been adequately addressed due to lack of financial resources.
- o Increase in abuse of cocaine has resulted in need for additional specialized staff training and services, as well as public education efforts in this area.

SOUTH CAROLINA:

- o Publicly funded programs experienced a continuing increase in the number of people receiving services and in hours of service provided. Principal increases were in drinking-driver program, as a continuing result of previously enacted requirement for driver relicensing, and in School Intervention Program, as a result of funding increase in FY 85.
- o Continued increase in cocaine admissions.
- o Initiation of a variety of treatment and prevention programs targeted to women, due to Block Grant requirements.

SOUTH DAKOTA:

- o The primary change in alcohol and drug programming during state fiscal year 1986 was dictated by the imposition of a specified percentage of ADAMHA expenditure for new women's services. While there is agreement with the intent of the ADAMHA requirement, this State is experiencing systemic difficulties in implementation due to demographics and the heavy reliance of the system on services for which alternate funding is not available.

TENNESSEE:

- o Add on full time staff person to develop and strengthen D.U.I. education and treatment system.
- o Tennessee "No" Team (TNT) - Community Organizations to promote Just Say No Clubs for 4-6th graders in schools and youth groups.

TENNESSEE (con't):

- o Passing of the Custody Bill Legislation (846) allowing Juvenile Court Judges to place appropriate youth in the custody of TDMHMR for A&D and MH Services, effective January 1, 1987. Funding has been identified from State and Federal dollars to increase the very limited residential and day treatment/outpatient services for youth. RFP's for three additional adolescent residential treatment programs (3 current programs) is scheduled for mailing December 15, 1986. Two (2) day treatment programs have been awarded for a total of 24 slots.
- o Detoxification/Rehabilitation Statewide Policy was developed this year to ensure continuity of A&D Services and more appropriate treatment for the dually diagnosed client.

TEXAS:

- o During FY 1986, as a result of the Sunset process, the Texas Commission of Alcohol and the Drug Abuse Prevention Division of the Texas Department of Community Affairs were merged into a new agency, the Texas Commission on Alcohol and Drug Abuse. In addition, the Legislature required that alcoholism and combined alcohol and drug abuse treatment facilities be licensed and mandated health insurance coverage for alcoholism. A Senate Concurrent Resolution mandated the deinstitutionalization of substance abuse clients from state mental hospitals into community-based programs. The legal drinking age was raised to 21 at the end of FY 86. The Legislature also authorized law enforcement officers to take public inebriates to treatment in lieu of jail.
- o Texas is also seeing the beginnings of an epidemic of black tar heroin and the increasing use of cocaine through free-basing and some crack. Marijuana is less available, but still in demand. T's and Blues continue to be used as a substitute for heroin.

UTAH:

- o Local Authority Act passed by State Legislature in 1985. Reduction in State staff. Sunset review by Legislature Auditor recommended further staff cuts. More involvement of voluntary organizations. Rapid growth of free-standing for-profit facilities with elimination of Certificate-of-Need requirement. Apparent increase in cocaine/crack availability.

VERMONT:

- o There have been no major changes in services during FY 1986. A small DWI enforcement program was transferred to the Governors Highway Safety Program to increase its efficiency and coordination with other DWI enforcement efforts. In addition, EAP, public inebriate/crisis service and the Driver Rehabilitation (DWI) Schools have been consolidated as an Intervention Unit.

VIRGINIA:

- o Development of five women's programs as a result of congressional earmarking of federal block grant funds
- o Increased attention to the MH/SA dually diagnosed population both on a policy level and in collaboration with our department's office of Medical Health Services in terms of funding case management and psychosocial programs.

VIRGIN ISLANDS:

- o Staff shortage including lack of qualified staff has curtailed activities in the Drug/Alcohol Program. We have not been able to fully implement the Women's Program because of lack of qualified staff. Changes of trends in drug use have occurred during the last year. These include increased use of cocaine (including crack). More prevention efforts due to greater community awareness, is evident.

WASHINGTON:

- o The State has recently passed legislation allowing county governments to exclude methadone clinics from their counties or limit the number of these agencies.
- o As part of our prevention effort, we have helped establish a statewide volunteer prevention network, including parent groups and student groups.

WEST VIRGINIA:

- o The state has recently passed legislation allowing county governments to exclude methadone clients from their counties or limit the number of these agencies
- o As part of our prevention effort, we have helped establish a statewide volunteer prevention network, including parent groups and student groups

WISCONSIN:

- o An increase in funding projects for the development of minority alcohol and other drug abuse counselors.
- o Funding of demonstration project for CSP for Reservation Indians.
- o Drinking age raised from 19 to 21.
- o Increased penalties for IDP infractions.
- o Promulgation of Administrative Rules For Inpatient Treatment Programs in hospitals and free standing.
- o Increased insurance benefits of AODA coverage.
- o Mandatory inclusion of AODA coverage in HMO benefits.

WYOMING:

- o Definitional changes and funding reductions resulted in less emphasis on DWUI offender schools and halfway house care

APPENDIX G

STATE NARRATIVE REPORTS
OF SIGNIFICANT CHANGES IN SERVICES FROM
FISCAL YEARS 1980 THROUGH 1986

STATE NARRATIVE REPORTS
OF SIGNIFICANT CHANGES IN SERVICES FROM FISCAL YEARS 1980
THROUGH 1986

ALABAMA:

- o Treatment services have been reduced primarily in alcoholism services due to the changes to the ADMS Block Grant. The only major program expansion has been the result of the Block Grant set-aside programs. State funds were used to slightly increase alcoholism outpatient services which still are about half of pre-Block Grant levels. Also an adolescent drug residential program was developed. Prevention services have been significantly expanded as a result of the Block Grant requirement to fund prevention services. Alabama is 51st in the nation in per capita substance abuse funding.

ALASKA:

- o Adoption of the "Here's Looking At You" curriculum by a large percentage of the 56 school districts.
- o State Legislation authorizing local votes on banning of alcohol sales, importation. In 1986 allowed local governments, through local voting, to reinstitute prohibition.
- o Developed a state prevention plan.

AMERICAN SAMOA:

- o The only major change has been the employment of an experienced alcoholism counselor (March 1985).

ARIZONA:

- o Greater movement towards programmatic prevention rather than haphazard individual prevention delivery.
- o Residential treatment services have increased at a greater rate than other treatment environments.
- o Behavioral health licensing, instituted 3 years ago, has intensified monitoring and approval of programs formerly non-regulated.

ARKANSAS:

- o Increase in residential & outpatient treatment services statewide.
- o Increase in treatment services for women.
- o Statewide detoxification services became available for alcohol in 1983 and drug in 1986.
- o Provision of substance abuse treatment services in Arkansas Prison System. The program with the Department of Correction has substantially decreased the number of inmates with substance abuse/addiction problems who return to incarceration.
- o Early Intervention Services for schools, parents, and families are reaching a larger segment of the population with good success. Many schools reviewing policies toward alcohol and drug abuse by youth and more student assistance and health promotion efforts have been developed and implemented statewide. A pilot program for good school curricula was developed and implemented in several areas of the state but funding is too limited to produce significant results or impact; the best was in K-6 and some in our Life Skills Project with the largest school district in the state. Some 33,000 youth are currently in the project. Additionally, 200 families were served on school suspension programs for alcohol and drug referrals. The number of Community Parent Groups has increased ten fold in the past five years; the agency has provided more speaker programs than ever and still can't meet the needs of all these groups, even with service providers doing 60% of the programs.

CALIFORNIA (ALCOHOL):

- o The State's leadership role in prevention policy has significantly expanded. A number of prevention forums have been held throughout the State to increase awareness of recent developments in prevention, and a Prevention Action Plan for Alcohol-Related Problems was published through a contract with the California Health Research Foundation. This Plan "is intended to reflect specific efforts aimed at developing a broader understanding and working knowledge of prevention strategies...provides a clear understanding of what constitutes a comprehensive prevention program...(and) expands our traditional prevention efforts of classroom education to incorporate activities aimed at environmental risk, public policy, community organization, training, and media."

CALIFORNIA (ALCOHOL) (cont'd):

- o Licensing of alcohol programs was transferred to the Department from the Department of Social Services, resulting in licensing regulations and procedures that are more appropriate to alcohol programs.
- o First offender drinking driver programs were brought under authority of the county alcohol program administrator and incorporated in the local program planning process.
- o A statutory amendment was implemented to require that counties do more specific planning for special populations.
- o Standards for administration of county alcohol programs were developed, and the State conducts on-site administrative reviews regarding management of the local alcohol programs.

CALIFORNIA (DRUG):

- o School Community Primary Prevention Program 1983 - \$1,091,000.
- o Special Populations Prevention Pilot Projects.
- o Twenty percent of federal required set aside for prevention. Prevention services have increased consistently at the county level since 1981 as follows: FY 1981/82 \$9,059,000; 1982/83 9,589,000; 1983/84 \$10,426,000; 1984/85 \$12,693,000 and 1985/86 \$15,640,000.
- o Five percent women's federal funds set aside has enabled local communities to establish new/expanded drug abuse services for women.
- o The spread of AIDS among IV drug users has precipitated concern by the drug treatment community over proximity and contact between those clients and the rest of the treatment population.
- o Began charging fees for methadone program licenses.
- o Began permitting shifts of funds from Alcohol and Drug and vice versa in small counties.
- o Began providing voluntary certifications of drug programs.

CALIFORNIA (DRUG) (cont'd):

- o Implemented negotiated rate contracts between counties and providers in place of actual cost contracts.
- o Simplified requirements for county plans and budgets submitted by counties for state funding.

COLORADO:

- o Implementation statewide of a drinking driver evaluation and referral to treatment and/or education program.
- o Replacement of hospital based treatment program by community based, non-hospital residential programs.
- o Decreased support from the state legislature for treatment programs.
- o An apparent developing emphasis on punitive or "offender" aspects for alcoholism as well as drug abuse.
- o Increased emphasis on prevention without concurrent support in terms of funds and staff.

CONNECTICUT:

- o Increased collaboration and cooperation with the state departments of health and education.
- o Transfer of state operated alcohol and drug abuse services from the Department of Mental Health to CADAC.

DELAWARE:

- o Transition from State Program operation to Contractor Services
- o Divestiture of DUI-Related Programming (in favor of private-sector operation).
- o Consolidating alcohol and drug services (joint provision rather than separate systems).
- o Transition to fee-for-service contracts from cost-reimbursement contracts.

DISTRICT OF COLUMBIA:

- o A greater emphasis on primary prevention.
- o Treatment slots have increased by 1185.
- o Increased law enforcement efforts w/juveniles and adults to curtail use and trafficking of illicit drug (arrests have doubled since 1980).
- o Arrests for DUI offenses have increased by 124%.
- o Emphasis on short term rather than long term treatment approaches due to large number of clients seeking admission.
- o Increase in contractual services.

FLORIDA:

- o Licensure for alcohol programs (drug abuse already licensed).
- o Closer integration of alcohol and drug abuse.
- o Substantially increased visibility of alcohol and drug abuse.
- o Prevention philosophy much more linked to early intervention stressing program and client accountability.

GEORGIA:

- o Treatment. The development of the Division of Mental Health, Mental Retardation and Substance Abuse Strategic plan: "Goals for the 80's" provided the conceptual framework in which to redefine directions, goals and priorities for adjusting the alcohol and drug service system to be responsive to service needs and demands. Given the existing and projected disparity between resources available for services and the demands for services, priority for services in programs operated and supported by the Division, will be given to persons who are in need of services.
- o Prevention. The major prevention focuses of the Division of Mental Health, Mental Retardation, and Substance Abuse for substance abuse are: prevention of alcohol and drug caused birth defects and reduction in the use of alcohol and drugs by children and youth.

GEORGIA (cont'd):

- o The conceptual framework of the Georgia Department of Human Resources states that the Divisions of Mental Health, Mental Retardation, and Substance Abuse shall involve other divisions, departments, agencies, communities and individuals to the maximum extent possible in cooperation to accomplish prevention. Clearly the most cooperative efforts are presently with the Division of Public Health in relationship to The Fetal Alcohol Syndrome Project and AIDS as it effects intravenous substance abusers and the Department of Education school based substance abuse education/prevention activities.
- o Special Projects. The Department of Human Resources, Division of Mental Health, Mental Retardation and Substance Abuse has implemented a pilot assessment and intervention project for first offenders of Driving Under the Influence (DUI). This pilot is funded through a federal Highway Safety Project Grant. Three pilot sites began September 1, with two additional sites scheduled to begin January 1, 1987. The pilot requires a judicial sanctioned assessment for DUI first offenders and a 20 hour intensive group intervention program for those offenders who are identified as problem drinkers needing more than education to impact their drinking and driving behavior. The pilot will be evaluated.
- o Administrative Changes. Patricia A. Redmond was recently appointed to the newly created position of Deputy Director for Substance Abuse in the State's Division of Mental Health, Retardation, and Substance Abuse. The establishment of the new position follows the legislative intent of the law which elevates the status of Substance Abuse Services to the level of the other two disabilities.

HAWAII:

- o Decrease of publicly funded treatment slots.
- o Addition of hospital-based private-non-profit and private-for-profit beds.
- o Movement of residential monies to purchase outpatient services.

HAWAII (cont'd):

- o Development of specialty programs: residential for women and their children, therapeutic foster homes, dual-diagnosed residential care.
- o Larger array of services available to more communities.
- o From basically no prevention to a significant focus on prevention.

IDAHO:

- o 1981-Treatment services provided through contract.
- o 1982-Followup contacts on a 20% random sample of clients.
- o 1983-DUI law requiring DUI offenders be evaluated.
- o 1982-6th Grade Learning Unit began in school districts Statewide.
- o 1984-"Here's Looking at You, Two" implemented in schools.
- o 1984-Children of Alcoholics program started.

ILLINOIS:

- o In July of 1984, the Illinois Dangerous Drugs Commission and the Department of Mental Health's Alcoholism Division were consolidated into one department, the Department of Alcoholism and Substance Abuse.
- o Medicaid payment demonstration project - during the fiscal year, certain alcohol and substance abuse treatment services will be eligible for Medicaid reimbursement. This will serve to broaden the funding base of these services.

INDIANA:

- o Increased focus on treatment of youth.
- o Establishment of outcome measures for services.

IOWA:

- o Residential and halfway house services have increased dramatically, a result of a three-fold increase in state funding since 1980.
- o A number of residential facilities and halfway houses exclusively for men have become co-ed facilities. At the same time, two new women's facilities, one for young women and one for adult women, focus on the special issues of recovering women.
- o Specialized outpatient and residential services for juveniles have expanded.
- o The state substance abuse agency has worked closely with the Department of Corrections in training corrections staff, developing a women's program at the state correctional institutions, and developing licensing standards for treatment programs within correctional facilities.
- o Comprehensive prevention program services are available in all of Iowa's 99 counties--a significant expansion of the service network. These programs have reached an increasing number of individuals and community groups.
- o Parent/community groups, only an idea in 1980, have emerged as an important component in the substance abuse effort in Iowa.
- o Licensing of treatment programs, standards for prevention programs, counselor certification activities, and accelerated training efforts have led to professionalism and higher standards for the delivery of services.
- o The state assumed the costs of treatment services for indigents, a responsibility which had been shared by counties.

KANSAS:

- o Increased treatment admissions.
- o Increased funding for Continuum of Care.
- o Proliferation of programs.

KENTUCKY:

- o In the 1980's the ADMS Block Grant and resulting funding cuts, caused the state to reprioritize services and populations. Several halfway houses were closed and many programs were merged. Increased state funding has expanded the DUI Program in 1984 and new adolescent services in 1986. Earmarking requirements of the ADMS Block have given special funding for women's services and renewed emphasis on prevention services.
- o There has been movement in supporting a family model of treatment. Reimbursement policies have been changed to pay for services for family members of chemically dependent persons.

LOUISIANA:

- o In July, 1984, a separate state agency was created by the Louisiana Legislature for the administration of alcohol & drug abuse prevention and treatment programs. Previously these services were a part of the mental health and state hospital agencies. As a separate agency, a treatment philosophy geared primarily to the needs of chemically dependent persons has been developed.
- o A greater emphasis has been placed on the treatment needs of special populations. For example, in March of 1986 a statewide conference on the needs of chemically dependent women was sponsored by OPRADA.
- o During the past two years, there has been increased emphasis on primary prevention, resulting in the establishment of five new community based programs.

MAINE:

- o During the last six years the substance abuse treatment field in Maine has seen considerable expansion, especially in the area of hospital-based residential rehabilitation. This is thought to be largely the result of recent legislative action which mandated insurance benefits for substance abuse treatment and the greater acceptance by the general public of alcoholism as a disease which is treatable.
- o In addition, an increase in public recognition of the need for services for both adolescents and women has been developing, as has the recognition of the effectiveness of and the need for prevention programs, particularly for young people.

MAINE (cont'd):

- o During this same time period, Maine has been cracking down on driving while under the influence, enacting one of the toughest D.U.I. laws in the country. As a result, after an initial dramatic increase in the number of drunk driving arrests, the number of DUI's has decreased over the last year, while the average blood alcohol level of those arrested has almost doubled. We feel that the stringent enforcement of our tough law has discouraged the casual or social drinker, and that far fewer people are actually driving drunk. The people who are being arrested now are those who are having problems with alcohol abuse or are alcoholic and we are able to identify them and intervene, requiring treatment before the driver's license can be reinstated.

MARYLAND:

- o Greater focus on treatment services for specialized populations - women, adolescents, elderly, etc.
- o Greater focus on prevention services, particularly aimed at high-risk youth.
- o Creation and expansion of statewide comprehensive DWI program.
- o Expansion of Intermediate Care and Long Term Care facilities for alcoholism.
- o Establishment of a separate Office of Education and Training for Addiction Services.

MASSACHUSETTS:

- o Changes in the past six years include increases in state funding of drug and alcohol services (as compared to level federal funding), an increase in services targeting youth (prevention, youth intervention and youth treatment programs) and increased efforts to outreach to women and to provide appropriate coordinated services to them. The consolidation of the drug and alcohol division was also a major change which occurred in FY 86.

MINNESOTA:

- o Minnesota has experienced a big growth in the area of outpatient treatment.
- o The SSA has promulgated statewide assessment and placement criteria for all public clients.

MINNESOTA (cont'd):

- o The Consolidated Chemically Dependent Treatment Fund will combine \$26 million in state funds for treatment into a new, more efficient system.

MISSISSIPPI:

- o In July of 1983 Mississippi's new Implied Consent law went into effect. This required that all second and subsequent DWI offenders be advised that they could receive an assessment to determine if they had a problem with alcohol or drugs. If this assessment was positive, the offender had the option of receiving treatment and having his driver's license returned at an earlier date.
- o In August, 1985 the first state supported adolescent residential treatment facility opened.
- o In FY 86 new and/or expanded programs for women were implemented.
- o In FY 86 the Executive Prevention Committee formed.

MISSOURI:

- o During this seven-year period, alcohol and drug abuse services in Missouri have been developed, delivered, supported and monitored in an increasingly systematic manner. Diverse funding mechanisms have been replaced by a single uniform purchase of service system. Statutory authority replaced the earlier administrative sanction. The delivery system was described in benchmark documents. A computerized Management Information System replaced several data collection methods, and data become consistent for all alcohol and drug abuse client reporting.
- o Legislation was passed which revised the drunk driving related statutes and included Alcohol Related Traffic Offenders Programs as a condition for a suspended sentence. The Division required completion of such a program as a condition for license reinstatement.
- o Legislation also provided for involuntary detention of alcohol and drug abusers who are harmful to themselves or others in community-based treatment centers under a Department of Mental Health contract, and also re-codified voluntary admissions.

MISSOURI (cont'd):

- o During this period, mandatory insurance coverage was expanded to include services provided in certified residential and non-residential programs.
- o Fragmented, diverse and uncoordinated prevention efforts were replaced with a statewide prevention program which integrated existing services and concepts, applied a uniform, standardized methodology and focused on a specific target population.
- o Involvement of consumers and providers of services in planning also increased, as uniformly applied planning methods were implemented by the statewide and regional advisory councils.
- o The Division's publication of Model Staffing Patterns and Budgets provided potential service providers and Division staff with helpful guidelines by which to assess the adequacy of program proposals and cost allocations. A resource allocation formula was also developed to equalize the maldistribution of funding and services across geographic areas.
- o Work in progress at this time represents further systematization and refinement of the existing service delivery system. Included are development of performance based payment mechanisms; minimum standards for counselors; upgrading of environmental qualities and physical plant standards; standardized diagnostic criteria; and post-treatment outcome evaluation.

MONTANA:

- o Decrease in public funding due to loss of federal categorical grants for prevention and training services.
- o Continued decrease in state revenue earmarked for treatment and prevention due to a decrease in consumption of alcoholic beverages.
- o Decrease in transitional living services due to decrease in federal and state revenue.
- o Passage of mandatory insurance coverage for chemical dependency which allowed programs to generate third party reimbursement and helped offset the reduction in public funds.

MONTANA (cont'd):

- o Increase in intensive outpatient services as an alternative to inpatient services. Also, an increase in the utilization of group therapy in outpatient settings.
- o Increase in treatment admissions of women
- o Increase in public awareness concerning chemical dependency and the development of community and school based prevention and early intervention activities.
- o Increase in DUI penalties which include mandatory/assessment, education or treatment.
- o Enhancement of program evaluation standards for treatment and educational programs and monitoring systems.
- o Funding mechanism for service changing from grants to a unit of service process.

NEBRASKA:

- o The initiation of the ADMS Block Grant program allowed for greater participation in funding decisions at both the local and state level.
- o The Division on Alcoholism and the Commission on Drugs were merged in 1980. The emphasis since has been in funding programs which provide treatment for both alcohol and other drug clients. Program and counselor certification has been combined into substance abuse certification rather than separate alcohol/drug.
- o In 1980 approximately 50% of funds were distributed by direct grants from the Division to programs. In 1986 less than 10% of funds are distributed directly. The remainder of funds are distributed to six regional authorities for subcontracting with providers.
- o Five-year systems plan was completed in 1985 which calls for increased efforts in prevention services and treatment services for adolescents.

NEVADA:

- o The issue with the most significant impact in 86 was AIDS. This was addressed thru training sessions and policy development assistance provided to grantees.

NEW HAMPSHIRE:

- o Even though we have been struggling with financial constraints, by renegotiating all contracts - changing allotted amounts - and scope of services, we have been able to fill some gaps in our continuum of care. We have implemented or added to the following services and programs:
 - Additional out-patient counselors
 - One sobriety maintenance drop-in center
 - A halfway house for women
 - 6 crisis intervention sites-now in operation
 - Outreach program for the elderly (utilizing VISTA volunteers)
 - Peer leadership training
 - Teen institute
 - Developing capable people training for parents
 - T.A. in implementing Student Assistance Programming
 - Teacher training in the use of several K-12 curriculum
 - Developed monitor and evaluate impaired driver intervention program
- o Instrumental in design and implementation of a Pilot EAP Program for State Health and Human Service workers.

NEW JERSEY:

- o Since 1980 the State has been forced to reduce funded slots in drug abuse because of the loss of federal resources. Clients have been forced to pay part of their treatment costs. The State has moved from providing direct treatment services by transferring 13 programs it operated to private ownership. There has been a decline in the rate of heroin treatment admissions and an increase in cocaine admissions. The problem of AIDS is placing an increasing burden on the treatment delivery system.
- o In FY 1984 the implementation of a designated beverage tax provided the first stable State funding base for alcoholism treatment and prevention services. Health service contracts between the State alcoholism agency and the 21 county government authority, provide state agency approval of the required county plan.

NEW JERSEY (con't):

- o Changes in drunk driving legislation resulted in:
(1) an increase in the penalties for conviction of an alcohol/drug related motor vehicle offense; and
(2) the establishment of county intoxicated drivers resource centers (IDRC) providing client evaluation, treatment referral, and monitoring of treatment services for convicted offenders.

NEW MEXICO:

- o Where methadone service delivery had been 46% of the budget it is now only 15%. Substance Abuse prevention activities have increased from 20-35% of the state authorities budget. Services to children and families have become a new emphasis increasing from 15-56% of the budget expenditures.

NEW YORK (ALCOHOL):

- o In 1984, the Division began an accelerated multi-year effort to develop in the state a planned comprehensive system of services for the treatment of alcoholic persons and their families. At the start of their effort, the state had only the basic framework of a true system of alcoholism services, meeting an estimated eight per cent of the need.
- o The 1985 Update to the Division's Five-Year Plan was used as the basis for development of widespread changes in the alcoholism service delivery system. Particular emphasis was placed on the development of Comprehensive Alcoholism Outpatient Clinics, Community Residence Programs, and Local Councils on Alcoholism.
- o The major focus of the 1986 Update to the Agency's State Plan is prevention of alcohol-related problems. In its comprehensive prevention effort, the Division has selected the public health approach as its basic framework for analyzing and dealing with alcohol problems. A significant component of the prevention effort will be the review of government control policies on availability and distribution as effective methods of prevention alcohol-related problems.
- o The 1987 Update to the Division's Comprehensive Five-Year Plan was concerned with three major areas: Planning, Research and Professional Development. Planning describes the service conducted by the Division to define the components

NEW YORK (ALCOHOL) (con't):

of the model alcoholism service delivery systems, interrelationships between the components, and the "flow" of clients through the treatment system. Research presents a conceptual framework for future directions in research and identifying specific areas for investigation. Professional Development describes the process for ensuring an adequate supply of trained, qualified health professionals for the service delivery system and to increase the number of trained human service professionals who are capable of identifying, intervening and/or diagnosing alcoholic persons.

NEW YORK (DRUG):

- o The transition from categorical to block grant funding resulted in a drastic reduction in Federal funds for drug services in New York State. In FFY 1980, for example, approximately \$31.6 million was made available within the State through categorical grant programs. By comparison, approximately \$19.2 million and \$21.3 million for drug program services was received under FFY 1982 and 1983 ADM Block Grant.
- o During the first two years of block grant operations, the New York State Division of Substance Abuse Services has been able to minimize the impact on our treatment/prevention network by utilizing remaining categorical funding, increasing third-party revenues and implementing various cost containment measures. We have also been forced to cut funding for certain ancillary services and, in several instances, have reduced treatment capacities. Continued Federal cutbacks in funding will further restrict the ability of the Division to maintain existing service levels at a time when increased treatment and prevention efforts are needed.

NORTH CAROLINA:

- o The shift in federal substance abuse funding responsibility from the national perspective to the states through block grants has caused a change in procedures regarding program management and monitoring in this state. Less direct involvement with programs is taking place on the state level and more on the regional level.
- o Program expansion has been negligible due to cost containment from all funding sources.

- o A concern from the N.C. General Assembly has resulted in more funds and emphasis on adolescent substance abuse service needs in this state. A Governor's Council directed to address concerns regarding the treatment, prevention and intervention needs of youth has been appointed and now is meeting on a regular basis.
- o Emphasis on Employee Assistance Programs has increased.

NORTH DAKOTA:

- o Delivery of services has changed as DUI legislation has increased the workload of counselors throughout the state. An alcohol/drug evaluation is required for all DUI offenders. Prevention programs have been started throughout the state through the use of a mini-grant system and the creation of a Community Chemical Health program. The private sector has increased the number of beds for the inpatient treatment of adolescents by approximately 50 and has increased services to youth through outpatient services.

OHIO:

- o From Fiscal Year 1980 through Fiscal Year 1986 Ohio has focused its attention on providing treatment and prevention services for the entire alcoholism and drug constituency which includes services for Blacks, Hispanics, women, and youth. The Urban Minority Alcoholism Outreach Program has assisted minorities in developing strategies in providing services for minorities within our metropolitan areas. The women's set-aside provision in the Block Grant has resulted in the increased development of a service delivery system for that particular population which previously fell extremely short of its need. In the past, prior to Fiscal Year 1980, alcoholism treatment had been directed primarily towards the adult population. However, with the increase in alcohol abuse among adolescents, and increased identification through school-based community programs and juvenile courts, we have seen a dramatic increase in the need to develop a continuum of treatment services for this particular population.
- o A second area of concern, especially as it relates to adolescents, since 1980, is that of Prevention and Intervention. It is agreed among the entire

OHIO (con't):

alcoholism/drug constituency (local, state, and nationally) that the previous modes of response to alcohol/drug-related problems (i.e., to penalize the abuser and treat the client) failed to significantly slow the increase of, let alone decrease, the new cases and various problems associated with alcohol/drug abuse. The Prevention and Intervention concept is aimed at reducing the incidence of new cases of alcoholism/drug abuse and alcohol/drug-related problems in Ohio.

- o The advent of the new DWI legislation has provided us with the opportunity to fund Driver Intervention Programs. Part of these funds are used to reimburse indigents who attend these programs.

OKLAHOMA:

- o Creation of demonstration project process; two-year field-test of concept (optional 3rd year) with promising projects being developed into marketable products.
- o Creation of a prevention evaluation center to evaluate all demonstration projects.
- o Created statewide assessment/referral network.
- o Funded 2 more women's residential care programs (had only one before).
- o Legislation provided Treatment Alternatives for Drinking Drivers (TADD) programming - 2 Halfway Houses have been funded with outpatient care through community programs.
- o Added 2 more adolescent residential care programs (had only one before).
- o Community programs doing assessment of clients who have been arrested for DUI.

OREGON:

- o Passage of DUI Legislation in 1981 and 1983. There are at least three important benefits of this legislation. They are:

OREGON (con't):

- Early identification and intervention of persons experiencing problems with alcohol and drugs. Treatment providers now have the opportunity to impact the drinking behavior of drivers before they reach the advanced stages of the disease of alcoholism and/or drug addiction.
- Increased education of the public. All those participating in the program have increased their knowledge of the disease, how to get help, and how to avoid future incidences of driving under the influence.
- The beneficial effect of the treatment community. Private and public programs have increased communication and now work together to improve education and treatment services to improve education and treatment services to DUI clients.

PENNSYLVANIA:

- o State funds were increased from \$21.4 million to \$29.5 million.
- o The number of licensed prevention and treatment programs of all types increased from 364 to 601.
- o The following new initiatives were implemented:
 - Treatment Alternatives To Street Crimes (TASC);
 - Specialized Adolescent Programs;
 - Student Assistance Program (SAP);
 - Teen Suicide and Teen Pregnancy;
 - Special Womens Initiative;
 - Underage Drinking.
- o The major expansion in Federal/State funded services has been in prevention services.
- o Major change in drug treatment has been for polydrug abuse with a decline in opiate abuse.
- o There has been much broader linkage with other human service agencies for joint programming efforts - Education, Corrections, Mental Health, Vocational Rehabilitation, and Highway Safety Agency.

PUERTO RICO:

- o During fiscal year 1983-84, a state law was promulgated which required the Department of Addiction Control Services to evaluate and diagnose convicted intoxicated drivers (DWI) and submit a pre-sentence report to the Courts. Using this report the Courts will determine which service program the person will be referred to. This law (State Law #9, April 27, 1984) came into effect on July 1 1986. Previously, the Corrections Administration was in charge of this responsibility.
- o During this period (1980-86) the most significant changes are related to the perception of the addict and the treatment policy to be implemented through different treatment modalities. These changes reflect the prevalent public policies of the Administration in power at the time.
- o The following are the most significant changes in our prevention services from Fiscal Year 1980 through Fiscal Year 1986: (a) as a prevention strategy for the high risk population we used the therapeutic intervention groups; later on we introduced the educational workshops directed towards the development of social skills; (b) in the year 1983-84 we gave special attention to the prevention mass media campaigns and community impact activities; (c) during 1980-1985 we used the decisional theories, today our emphasis is directed towards the existentialist epigenetic model of Eric Erickson.

RHODE ISLAND:

- o Driving While Intoxicated legislation-alcohol treatment mandated.
- o Third party reimbursement - alcohol treatment.
- o Continued counselor training program despite funding cutbacks.
- o Implementation of Alcohol Counselor Certification Program.
- o Increase in programs seeking dual alcohol and drug treatment licensure.
- o Publishing of two (2) comprehensive needs assessments/studies by the Brown University Center for Alcohol Studies (Substance Abuse Treatment in Rhode Island - Population Needs and Program Development and Care for the Chronic Inebriate: Analysis and Recommendations).

RHODE ISLAND (con't):

- o Establishment of the "Bridge Aftercare Project", a research project operated in conjunction with Harvard University which provides structured peer support for recovering drug addicts.
- o Participation in the Certificate of Need review process for approval of new substance abuse services.
- o Establishment of Rhode Islanders for Drug Free Youth, statewide parents group.
- o Maintenance of statewide media campaigns for substance abuse prevention/education efforts.
- o Establishment of film lending library and resource clearinghouse.

SOUTH CAROLINA:

- o Overall there was a small increase in alcohol problem admissions, following declines in FY 81 and FY 82 due to funding reductions. There was a slight overall decline in drug admissions after substantial declines through FY 83, in spite of a large increase in cocaine admissions (960%).
- o Programmatically, there were substantial increases in admissions to drinking-driver and school intervention programs, due to relicensing requirements and funding increases respectively. Hours of service, principally in outpatient services, increased by 75% from FY 80 through FY 86. Residential treatment services, including detoxification, halfway house and therapeutic community services, declined by 30% due to funding reductions.
- o There were substantial increases in primary prevention activities due to increased funding in this area.
- o During this period several private residential alcohol and drug treatment facilities were established in the state.

SOUTH DAKOTA:

- o Significant changes occurring from fiscal year 1980 through 1986 were characterized by a movement from the informal and general towards the structured and specific. The period saw the adoption of a competency based counselor certification process

SOUTH DAKOTA (con't):

along with the promulgation of comprehensive, combined standards for the operation of treatment facilities. Certification standards for substance abuse prevention workers have now evolved to the point of circulation for comments. In addition, quality control activities have been enhanced and three prevention resource centers have been established to provide technical assistance and prevention materials to local community groups and schools.

TENNESSEE:

- o State and Federal dollars are now funding prevention programs, increased from approximately \$250,000 to \$2,000,000. We have developed a statewide network of services both primary and secondary in nature.
- o The Custody Bill (1986) required Department of Education, MH/MR(A&D), DOC and DHS to coordinate a comprehensive plan to deal with special needs of juvenile justice youth. This effort has developed expanded projects between the above departments of State Government.

TEXAS:

- o The drug abuse client in 1986 is 2 years older than in 1980, 5% more likely to be Black or Hispanic, 20% more likely to be a criminal justice referral. Drug use shows 4% more heroin, 10% more cocaine, 16% more marijuana. Less methadone treatment is being supported with state and federal dollars, but there is a significant increase in the number of for-profit methadone programs in operation.
- o The alcohol client is much younger in 1986--only 19% are over age 44, as compared with 33% over 44 in 1980. The alcohol client is 4% more likely to be Hispanic. DEAR Units, Detoxification, Evaluation, and Referral, along with long-term care programs, have been developed to serve alcoholics. Services for children of alcoholics and alcoholic women have also been developed.
- o There has been increased emphasis on professionalism, quality of services, standards, and fiscal and board responsibilities of local programs. There has also been increased state funds for alcoholism services and more emphasis on prevention and intervention, along with community-based treatment.

UTAH:

- o Dramatically increased alcohol admissions and treatment of public inebriates. Increased beer tax to provide significant increase in number and variety of prevention programs. Increased cocaine admissions. Strengthening of DUI laws and programs. Server training now in process. Development of women's treatment services.
- o Local Authority Act passed by State Legislature in 1985. Reduction in State staff. Sunset review by Legislature Auditor recommended further staff cuts. More involvement of voluntary organizations. Rapid growth of free-standing for-profit facilities with elimination of Certificate-of-Need requirement. Apparent increase in cocaine/crack availability.

VERMONT:

- o Prevention services have substantially increased. A reorganization transferred some positions from treatment to prevention. A regional prevention presence was implemented. Small grants to local community groups were increased. A state law mandating a prevention/education curriculum in all Vt. schools K-12 was passed in FY 83.
- o Treatment services have focused more on outpatient services than on residential. This is due to less funding and recognition of the effectiveness of outpatient care for many people.
- o We are continuing to integrate prevention/intervention and treatment services into a continuum of care. This is still critical for school programs.
- o The Driver Rehabilitation Schools now offer a Multiple Offender Course and the effort to intervene, when appropriate with first offenders has increased. An important goal is to increase the number of offenders entering treatment.

VIRGINIA:

- o Prevention services in Virginia have become more of a priority within the last five years. The emphasis on prevention has also stimulated the development of a statewide task force to address prevention issues and make recommendations to the Governor and state legislature.

VIRGINIA (con't):

- o Treatment services have been expanded to accommodate more alcoholism clients, cocaine (crack) clients, and special populations such as programs specifically for women.

VIRGIN ISLANDS:

- o There has been a better working relationship between schools and our prevention unit. Greater acceptance of our services has allowed us to deliver more services to youth, either through our own initiative or the school's. During this period of time we have had to treat a greater number of women and youth. Therefore, we've recognized and have implemented expanded services to these populations. Our services have also had to increase to cover trends in the society - i.e. incidence of AIDS, the emphasis on greater awareness of youth issues and the problem of dual (MI/Substance) diagnosis. In general there is a greater awareness of Alcohol/Drug problems and their impact on society. Because of this, we've experienced an increased demand for treatment and prevention services.

WASHINGTON:

- o Most of the growth in state funding occurred prior to 1980, however, there has been a two-fold increase in the number of private agencies.
- o A series of drinking driver statutes and amendments were enacted which resulted in fairly severe penalties and a mandatory assessment (state supervised) of whether the person has a drinking problem. Those without a significant problem are required to attend state certified alcohol and drug information schools. Those who are assessed as having a significant alcohol or drug problem are required to complete a program of treatment as a condition or regaining their driver's license.
- o Establishment of a statewide network of community prevention efforts.

WEST VIRGINIA:

- o Establishment of a public inebriate shelter services system.
- o Enactment of DUI legislation led to education and treatment programs for offenders.

WEST VIRGINIA (con't):

- o Training and prevention programs weakened by loss of Federal Funding.
- o Expansion of day treatment and transitional living programs.
- o Increased emphasis placed on services to adolescents.

WISCONSIN:

- o Funding of Reservation women's programs.
- o Cocaine study and needs assessment report.
- o Intoxicated Driver Program legislation enacted.

WYOMING:

- o The alcohol/drug system experienced significant growth in state funds from FY 80 to FY 84. Since 84 we have had increasing reductions due to the state's financial position as a result of the dependence on energy production revenue. The state has increased financial accountability and reduced funding.

A7112-1

STATE RESOURCES AND SERVICES
Related to
ALCOHOL AND DRUG ABUSE PROBLEMS
Fiscal Year 1987

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Profile Data

A Report for the
National Institute on Alcohol Abuse and Alcoholism
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An Analysis of State Alcohol and Drug Abuse
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by
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A Report for the
National Institute on Alcohol Abuse and Alcoholism
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National Institute on Drug Abuse

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STATE ALCOHOL AND DRUG ABUSE AGENCY DIRECTORS
AND CONTACT PERSONS FOR THE
1987 STATE ALCOHOL AND DRUG ABUSE PROFILE (SADAP)

<u>STATE</u>	<u>DIRECTORS</u>	<u>CONTACT PERSONS</u>
ALABAMA	MARY LEE RICE	MOLLY BROOMS
ALASKA	MATTHEW FELIX	GEORGE MUNDELL
ARIZONA (ALCOHOL)	GWEN SMITH	GWEN SMITH
ARIZONA (DRUG)	EDWARD ZBOROWER	EDWARD ZBOROWER
ARKANSAS	PAUL BEHNKE	WILLIAM E. BOHANNON
CALIFORNIA	CHAUNCEY VEATCH III	SUSAN NISENBAUM
COLORADO	ROBERT AUKERMAN	HAROLD MEADOWS
CONNECTICUT	DONALD MCCONNELL	JULIANNE KONOPKA
DELAWARE	NEIL MEISLER	BARBARA MELVILLE
DISTRICT OF COLUMBIA	SIMON HOLLIDAY	CHARLES W. AVERY
FLORIDA	LINDA N. LEWIS	LINDA N. LEWIS
GEORGIA	PATRICIA REDMOND	MARGARET TAYLOR
GUAM	JOSEPH S. CAMERON	ANICETO S. DIGNADICE
HAWAII	JOYCE INGRAM-CHINN	JOYCE INGRAM-CHINN
IDAHO	RAY WINTEROWD	RAY WINTEROWD
ILLINOIS	WILLIAM T. ATKINS	LINDA HARGNETT
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MASSACHUSETTS	DAVE MULLIGAN	DEBORAH MUTSCHLER
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MISSOURI	LOIS OLSON	GEORGIANN M. HASLAG
MONTANA	ROBERT ANDERSON	DARRYL L. BRUNO
NEBRASKA	DR. CECILIA DOUTHY WILLIS	DR. CECILIA DOUTHY WILLIS
NEVADA	RICHARD HAM	PAUL RICHEY
NEW HAMPSHIRE	GERALDINE SYLVESTER	ALAN J. PARENT
NEW JERSEY (ALCOHOL)	RILEY REGAN	RILEY REGAN
NEW JERSEY (DRUG)	RICHARD J. RUSSO	RICHARD J. RUSSO
NEW MEXICO	KENT MCGREGOR	KENT MCGREGOR
NEW YORK (ALCOHOL)	MARGUERITE T. SAUNDERS	DR. EDWARD J. DEFRANCO
NEW YORK (DRUG)	JULIO MARTINEZ	JOHN S. GUSTAFSON
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NORTH DAKOTA	JOHN J. ALLEN	JOHN J. ALLEN
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OKLAHOMA	TOM STANITIS	STEVE WEST
OREGON	JEFFREY KUSHNER	JEFFREY KUSHNER
PENNSYLVANIA	JEANNINE PETERSON	JEANNINE PETERSON
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HIGHLIGHTS

The State Alcohol and Drug Abuse Agencies voluntarily submit a broad spectrum of fiscal, client and other service data on an annual basis to the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). These data are submitted via the State Alcohol and Drug Abuse Profile (SADAP) data collection effort. With financial support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), NASADAD staff have prepared a detailed analysis of these data. The findings for Fiscal Year (FY) 1987 as reported by the States and analyzed by NASADAD follow.

The financial and client data provided by the State Alcohol and Drug Abuse Agencies apply to only those units and programs "which received at least some funds administered by the State Alcohol/Drug Agency". All fifty States, the District of Columbia, Guam and Puerto Rico participated in the FY 1987 State Alcohol and Drug Abuse Profile (SADAP).

Highlights from the FY 1987 SADAP study indicate that:

- o Expenditures for alcohol and drug abuse treatment and prevention services totaled over \$1.8 billion.
- o Of the total expenditures, States provided \$924.1 million or 51.1 percent, while Federal sources provided \$324.3 million or 17.9 percent, county or local sources contributed \$164.8 million or 9.1 percent and other sources (e.g., private health insurance, court fines, client fees or assessments for treatment imposed on intoxicated drivers) contributed \$396.5 million or 21.9 percent.
- o Approximately 76.5 percent of the total monies were expended for treatment services; 12.5 percent for prevention services; and 10.9 percent for other activities (e.g., training, research, administration).
- o A total 6,632 alcohol and/or drug treatment units received funds administered by the State Alcohol and Drug Abuse Agencies in FY 1987. Of the total units, 2,083 were identified as alcohol units, 1,428 as drug units and 3,109 were identified as combined alcohol/drug treatment units.
- o The total alcohol client treatment admissions reported by 50 States, the District of Columbia, Guam and Puerto Rico were over 1.3 million; nearly 85 percent of the client admissions were to non-hospital treatment units; alcohol client admissions were 76.2 percent male; 27.4

percent between the ages of 25-34; and 69.7 percent White, 15.6 percent Black and 5.5 percent Hispanic.

- o A total of 47 States, the District of Columbia, Guam and Puerto Rico reported total drug client admissions of 450,553. Also, 70.0 percent of the client admissions were for outpatient services; 61.3 percent were male; 14.3 percent under the age of 18; 48.3 percent White; 20.7 percent Black; and 9.8 percent Hispanic.
- o Heroin was identified in overall reporting as the leading primary drug of abuse as in FYs 1985 and 1986. Over the two-year period from FY 85 to FY 87, cocaine admissions more than doubled.
- o For the second time, States were asked to provide estimates relating to intravenous (IV) drug abuse. Estimates of the number of IV drug abuser client treatment admissions by a total of 44 respondents ranged from a high of 25,441 in California to a low of 4 in South Dakota and 0 in Guam. The total number of IV drug abuser client admissions identified was 126,673.
- o A total of 37 respondents provided data on the total number of IV drug abusers in their State. The highest estimates of IV drug abusers were provided by New York (260,000), California (222,000) and Texas (180,700). The total number of IV drug abusers estimated by all 37 respondents was 1,394,553.
- o In response to a request for the top three policy issues, States identified needs for new or expanded treatment services; needs for funding and resource allocation; needs for prevention and treatment services for youth; and needs for services specifically related to AIDS and IV drug users.
- o Narrative responses received from the 44 States, the District of Columbia, Guam and Puerto Rico confirmed that there were major needs in the areas of prevention and/or treatment for which adequate resources were not available. States identified many needs to meet the requirements of special populations, such as youth, women, dually-diagnosed clients, IV drug users with AIDS, minorities, the homeless and the elderly.
- o Significant changes in services that occurred during FY 1987 and were reported by the States related primarily to required new services for AIDS and IV drug user populations; client and drug use trends; changes in availability of financial resources for services; and changes in youth, prevention and treatment services.

EXECUTIVE SUMMARY

In September of 1987, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), with support from the National Institute on Drug Abuse (NIDA), entered into a second three year contractual relationship with the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to ensure the continued availability and analysis of data from the States. The contract provides support for the analysis of data voluntarily submitted by the States from existing sources of information on alcohol and drug abuse funding and services. This cooperative Federal-State effort responds to Congressional mandates and ensures that the Institutes and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) have the information necessary to exercise a strong national leadership role in cooperation with States with regard to alcohol and drug abuse program needs and services.

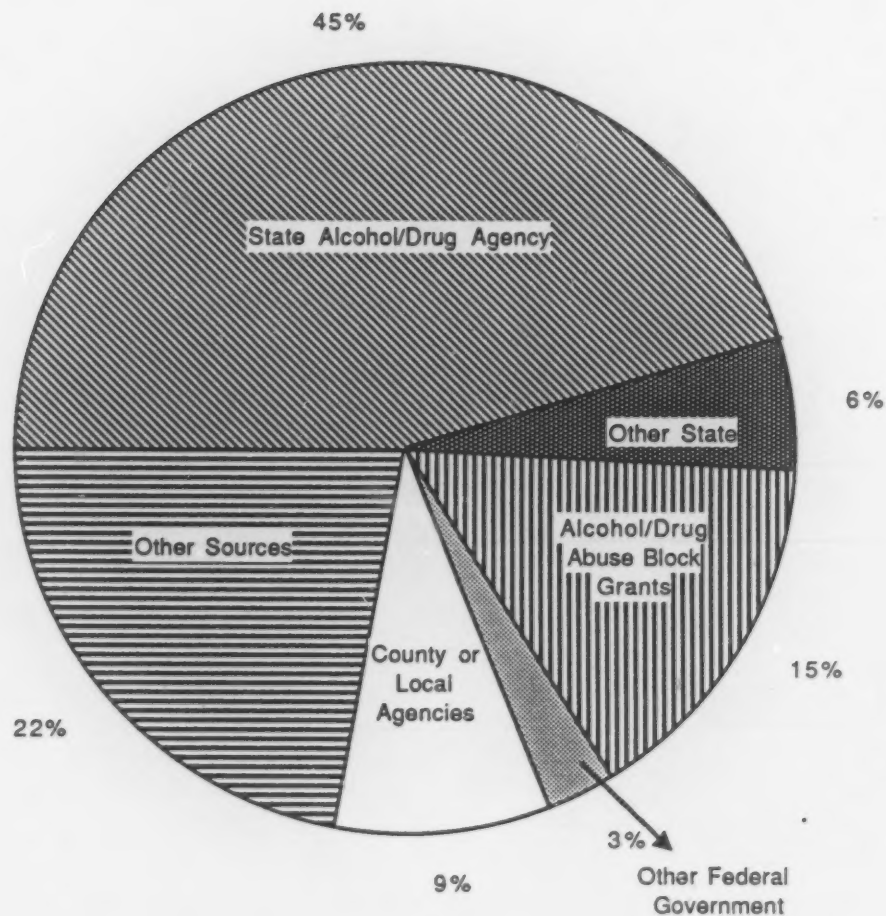
Under the State Alcohol and Drug Abuse Profile (SADAP) contract relevant data is collected from all of the States and Territories. With the cooperation of both Federal and State officials, the SADAP data collection format and process have been continually refined and improved over the past four years.

This report presents and analyzes the results of the State Alcohol and Drug Abuse Profile (SADAP) data for the States' 1987 Fiscal Year (FY). All 50 States, the District of Columbia, Guam and Puerto Rico cooperated and contributed information on resources, services and needs related to alcohol and drug abuse problems within their States. The remaining information is categorized into the following eight areas: funding levels and sources; client admission characteristics; intravenous (IV) drug abuse; State model product availability; lead staff contacts for AIDS, data collection, drunk driving, evaluation and homeless programs; top policy issues; major unmet needs; and significant changes in treatment and/or prevention services.

Funding Levels and Sources

The total reported expenditures within 50 States, the District of Columbia, Guam and Puerto Rico for alcohol and drug services in those programs receiving at least some State administered funds during the State's 1987 Fiscal Year (FY) were over \$1.8 billion. As illustrated in Figure 1, this total includes \$819.8 million (45.3 percent) from State Alcohol and Drug Agency sources, \$104.3 million (5.8 percent) from other State agency sources, \$272.6 million (15.1 percent) from Alcohol and Drug Abuse Block Grants, \$51.8 million (2.9 percent) from other Federal government sources, \$164.8 million (9.1 percent) from county or local agency sources, and \$396.5 million (21.9 percent) from other sources (e.g., reimbursements from private

FIGURE 1
EXPENDITURES FOR STATE SUPPORTED ALCOHOL
AND DRUG ABUSE SERVICES BY FUNDING SOURCE
FOR FISCAL YEAR 1987



Total alcohol and drug expenditures for FY 1987 were \$1,809,749,013.

NOTE: The "Other Sources" category includes funding from sources such as client fees, court fines and reimbursements from private health insurance.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

It should be emphasized that the data provided do not include information on those programs that did not receive any funding from the State Alcohol and Drug Agencies in FY 1987. These programs would include most, if not all, private for-profit programs; some private not-for-profit programs, some county and local government programs; and most Federal government programs such as the Veterans' Administration. Therefore, the overall fiscal data contained in this report are conservative in nature, and, to some degree, underestimate funding expenditures by other departments of State and Federal government and by private, non-State Agency supported alcohol and drug abuse treatment and prevention programs.

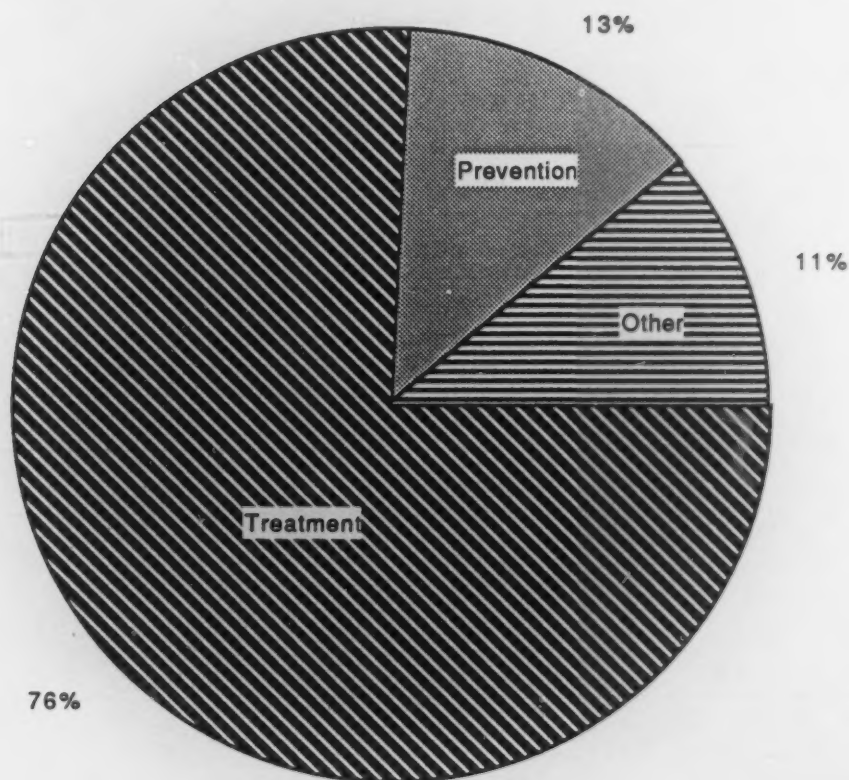
Although the specific levels of fiscal support contributed by different sources vary considerably among the States, the single largest source of funding during FY 1987 for alcohol and drug services was State monies. In 40 States and Territories, State Alcohol and Drug Agency monies constituted the largest source of funding, while in three States and in the District of Columbia, other State revenues were the largest source of support. The Alcohol and Drug Block Grants from the Federal Government were the largest revenue source in six States and Territories. Among the remaining States, county and local monies constituted the largest source of funds in one State and other sources (e.g., private health insurance) constituted the largest revenue source in three States.

Approximately 76.5 percent of the funds were expended for treatment services, 12.6 percent for prevention services, and 10.9 percent for other activities (e.g., training, research, administration) (See Figure 2).

Comparisons of financial expenditures reported by the States in this year's SADAP with data collected for FYs 1985 and 1986 are provided (See Figure 3). Although some other revenue sources have experienced larger percentage increases due to their smaller base, the bar graph data shown in Figure 3 clearly demonstrate that State Alcohol and Drug Agency funds have been and continue to be the largest revenue source for alcohol and drug prevention services. Comparisons with data collected in earlier FYs are not appropriate. Such comparisons would be misleading since there were changes instituted in the specific wording of questions related to States' fiscal resources (e.g., a change from "allocations" to "expenditures").

The State Agencies identified a total of 6,632 alcohol and/or drug treatment units to which they provided at least some funding in FY 1987. In terms of treatment orientation, 3,109 of the units provided combined alcohol/drug treatment services, while 2,083 focused on alcoholism services and 1,428 concentrated on drug dependency services.

FIGURE 2
EXPENDITURES FOR STATE SUPPORTED ALCOHOL
AND DRUG ABUSE SERVICES BY TYPE OF
PROGRAM ACTIVITY FOR FISCAL YEAR 1987

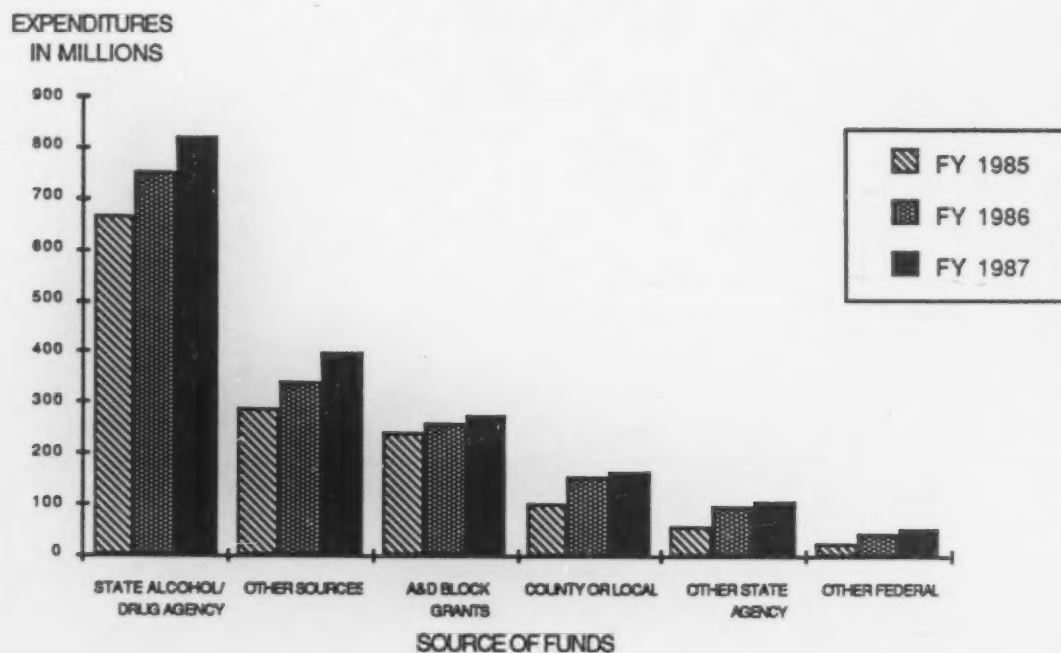


Total alcohol and drug expenditures for FY 1987 were \$1,809,749,013

NOTE: The "Other" category includes expenditures for program activities such as administration, research and training.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

FIGURE 3
COMPARISON OF EXPENDITURES FOR STATE SUPPORTED
ALCOHOL AND DRUG ABUSE SERVICES BY FUNDING SOURCE
FOR FISCAL YEARS 1985, 1986, AND 1987



NOTE: Some of the apparent increases in expenditures may be related to an improvement in the States' ability to collect and provide data from different funding sources.

NOTE: The "Other Sources" category includes funding from sources such as client fees, court fines and reimbursements from private health insurance.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

Client Admission Characteristics

The total alcohol client treatment admissions reported by 50 States, the District of Columbia, Guam and Puerto Rico exceeded 1.3 million (1,317,473), including 1,114,334 (84.6%) client admissions to non-hospital treatment units. Hospitals were used by nearly 17 percent of those client admissions who required detoxification services and by just over 17 percent of those client admissions who required rehabilitation/residential treatment services. Nearly 95 percent of client admissions for outpatient services were to non-hospital facilities. In the 50 States and the District of Columbia which reported admissions data by sex, over 76 percent of the alcohol client admissions were male. Other alcohol client admissions characteristics in terms of age were as follows: 4.1 percent under age 18; 4.1 percent 18-20; 10.7 percent 21-24; 27.4 percent 25-34; 21.7 percent 35-44; 9.7 percent 45-54; 5.3 percent 55-64; 1.8 percent age 65 and over; and 15.3 percent not reported. In terms of race/ethnicity, alcohol client admissions were as follows: 69.7 percent White, not of Hispanic origin; 15.6 percent Black, not of Hispanic origin; 5.5 percent Hispanic; .2 percent Asian or Pacific Islander; 3.6 percent Native American (American Indian or Alaskan Native); .3 percent Other; and 5.2 percent not reported.

The total drug client treatment admissions reported by 47 State Agencies, the District of Columbia, Guam and Puerto Rico were 450,553. With regard to drug client admissions that could be categorized by environment, State Agencies reported 30,251 (6.7%) admissions to hospitals, 83,542 (18.5%) to residential facilities, and 315,328 (70.0%) to outpatient environments. The 21,432 admissions not specified as to environment represent 4.8% of total admissions. In terms of treatment modality, 66,900 client admissions were for detoxification, 43,599 were for maintenance and 313,902 for drug-free types of treatment services. Of 48 States, the District of Columbia and Puerto Rico which reported admissions data by sex, over 61 percent of the drug client admissions were male. Other drug client admissions characteristics in terms of age were as follows: 14.3 percent under age 18; 7.2 percent 18-20; 12.3 percent 21-24; 33.5 percent 25-34; 12.6 percent 35-44; 2.3 percent 45-54; .7 percent 55-64; .3 percent age 65 and over; and 16.8 percent not reported.

In terms of race/ethnicity, drug client admissions, as reported by 46 States, the District of Columbia, Guam and Puerto Rico, were as follows: 48.3 percent White, not of Hispanic origin; 20.7 percent Black, not of Hispanic origin; 9.8 percent Hispanic; .4 percent Asian or Pacific Islander; .9 percent Native American; .2 percent Other; and 19.8 percent not reported.

With regard to primary drug of abuse at admission to treatment the findings for the lead drugs were as follows: heroin, 98,549 admissions; cocaine, 84,707 admissions; marijuana/hashish, 63,740 admissions; amphetamines, 16,952 admissions; other opiates/synthetics (beyond heroin and non

treatment use of methadone), 10,431; and PCP 8,454. There exists tremendous variability in drug use and client treatment admission patterns across States and over time. However, one finding that deserves mention is the continuing growth in drug client treatment admissions related to cocaine. From FY 1985 to FY 1987 cocaine admissions in comparable States increased from 39,827 to 84,222 constituting an 111.5% increase in just two years.

Intravenous (IV) Drug Abuse

States were asked for the second year in a row to provide estimates relating to intravenous (IV) drug abuse for Fiscal Year 1987 for the total number of client admissions to treatment and for the total number of IV drug abusers in the State. There were 44 State Agency responses on the total number of drug treatment admissions, which ranged from a high of 25,441 in California to a low of 4 in South Dakota and 0 in Guam, and totaled 126,673.

Thirty-seven States and Territories provided data on the total number of IV drug abusers in the State. The highest estimates of IV drug abusers were provided by New York (260,000), California (220,000) and Texas (180,700). The total number of IV drug abusers across the country as estimated by respondents from 35 States, the District of Columbia and Guam is 1,394,553.

State Model Product Availability

In order to identify current model product availability within each State, the Agencies were asked to list products that would be of interest to other States and that could possibly either be replicated or used in other States. A total of 48 State Agencies responded and reported major product categories which include: prevention plans; treatment plans; counselor certification/licensure and training standards; program certification/licensure/accreditation standards; program monitoring systems; and needs assessment survey methodologies.

Lead Staff Contracts for AIDS, Data Collection, Drunk Driving, Evaluation and Homeless Programs

In order to facilitate future contacts with appropriate experts within the States, the State Alcohol and Drug Abuse Agency Directors were asked to provide the name, title and telephone number for their lead staff persons in each of the following areas: AIDS; data collection, information management; drunk driving; evaluation; and homeless programs.

Top Policy Issues

Forty-eight States, the District of Columbia, Guam and Puerto Rico identified policy questions and issues currently being considered at the State level. The most frequently mentioned policy issues fell into the following categories: need for new or expanded treatment services (45 States); funding and

mentioned policy issues fell into the following categories: need for new or expanded treatment services (45 States); funding and resource allocation (21 States); prevention and treatment services for youth (16 States); and AIDS and IV drug users (16 States).

Major Unmet Needs

Forty-four States, the District of Columbia, Guam and Puerto Rico indicated that major needs were identified through their most recent State planning process for which resources were not adequate to meet those needs. Most States submitted narrative responses describing these unmet needs. In addition to the need for a general increase in funds to support treatment and prevention services, the States indicated other specific needs including increased services to youth and women, as well as for a variety of special population groups including dually-diagnosed clients, intravenous drug abusers diagnosed as having AIDS, ethnic minorities, the homeless and the elderly. In addition, many States identified the following needs: to expand prevention and early intervention services; to increase program staff positions, provide training and raise salaries; and to design and provide detoxification services.

Significant Changes in Treatment and/or Prevention Services

The State Alcohol and Drug Agencies were also asked to provide a narrative description of any significant changes in services that occurred during FY 1987 and the reasons for such changes. A total of 47 narrative responses were received. The scope of the narrative comments related to: required new programs and services for AIDS and IV drug user populations; client and drug use trends (e.g., increases in cocaine and heroin admissions); changes in financial resources; changes in services directed to youth; prevention program services; changes in treatment admissions; and other significant developments.

I. INTRODUCTION

Alcohol and drug abuse and dependency constitute major public health problems for the nation. During 1983, the most recent year for which cost data are available, the economic costs of these problems totaled over \$176 billion (1). These enormous problems must be addressed at all levels of government. At a Federal level, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the Office of Substance Abuse Prevention (OSAP) have been given the responsibility to provide national leadership on alcohol and drug issues. A significant portion of this responsibility focuses on the task of monitoring various indicators of alcohol and drug abuse, including information on treatment and prevention services and funding resources.

At a State level, the State Alcohol and Drug Agencies have administrative responsibility for the allocation and effective utilization of Federal and State monies specifically targeted for alcohol and drug treatment and prevention services. In order to effectively and efficiently carry out these tasks, each State Agency collects relevant information on needs, services and resources. This information assists the States in their ongoing planning, monitoring and service delivery functions.

Prior to 1982, NIAAA and NIDA were the repositories of detailed information from States and programs on Federally funded alcohol and drug treatment and prevention services and clients. Data were reported to the Federal level by the States and/or individual programs as a condition of receipt of the Federal alcohol and drug formula grant and project grant funds. However, when the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant was authorized by Public Law 97-35 in 1981, the requirement for the provision of detailed data from the States and individual programs was no longer mandated.

Nevertheless, the continued importance and need for some national data on alcohol and drug treatment and prevention programs, services and clients was recognized at both the Federal and State levels. The Senate Committee on Labor and Human Resources included language in its report on the Alcohol and Drug Abuse Amendments of 1983 that referred to data collection as "an important national leadership responsibility of the Institutes". The Committee specifically encouraged the Institutes to acquire "alcoholism and drug program data from information systems in each State". The Congress eventually directed the Secretary of the Department of Health and Human Services, through the Administrator of ADAMHA to:

- (1) Harwood, H.J., Napolitano, D.M., Kristiansen, P., and Colins, J.J.: Economic Cost to Society of Alcohol, Drug Abuse and Mental Illness: 1983. Research Triangle Institute.

"conduct data collection activities with respect to such programs, including data collection activities concerning the types of alcoholism, alcohol abuse, drug abuse and mental health treatment and prevention activities conducted under such part, the number and types of individuals receiving services under such programs and activities, and the sources of funding (other than funding provided under such part) for such programs and activities". (Section 1920) (42 U.S.C. 300 x)

Part B, Title XIX of the Public Health Services Act further requires that:

"The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services."

In order to meet the Congressional mandates for continuing data collection activities and to be able to respond knowledgeably to questions regarding the availability of prevention, intervention and treatment resources to deal with alcohol and drug abuse, the Federal government has sought to maintain minimal data which are accurate and updated on a regular basis.

Since 1982, the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) has demonstrated its capability to effectively and efficiently gather, analyze and present uniform information on alcohol and drug abuse treatment and prevention resources and clients. Necessary data have been provided by the States and these activities have been supported by NIAAA, NIDA and the States. The States' willingness to provide NASADAD with information on alcohol and drug treatment and prevention services, resources and clients is evidenced by the successful outcome of previous contract efforts which included State data from Fiscal Years (FYs) 1983, 1984, 1985 and 1986.

On September 30, 1987, NIAAA and NIDA again entered into a contractual relationship with NASADAD to continue support of a cooperative Federal/State national data strategy (Contract No. ADM 281-87-0007). As a key part of this contract, NASADAD is working with ADAMHA, the Institutes and the States to assess, define and voluntarily provide information on alcohol and drug abuse services, programs, resources, and needs. The data being collected and analyzed by NASADAD are already in existence at the State level. The major tasks being performed by NASADAD are the definition and collection of information in a uniform format from

its members, the analysis of the data submitted by each State, the development of meaningful comparisons of data across States and over time, the provision of a comprehensive report on the findings, and the conduct of two special studies per year.

Last year, data on alcohol and drug abuse services, programs, resources and needs during FY 1986 were collected, analyzed and presented in a comprehensive report. The current effort analyzes data from FY 1987 and provides comparisons with data from previous fiscal years.

II. STUDY PURPOSE AND METHODOLOGY

The overall purpose of this study and report is to ensure the continued availability of selected service and resource information from already existing State sources throughout the United States and the Territories. The specific data elements include, but are not limited to, financial, program, and client data that States are willing to voluntarily submit to assist NIAAA and NIDA in assessing the type of treatment and prevention resources and services provided to persons throughout the country who are dependent upon or abusing alcohol and/or other drugs.

The major study objectives are:

- o To provide continued support for the implementation of a joint Federal/State national data strategy, through collaboration on the State Alcohol and Drug Abuse Profile (SADAP) and the National Drug and Alcohol Treatment Utilization Survey (NDATUS). State representatives are involved by providing consultation in examining options and developing recommendations for appropriate refinements and changes in the scope and content of existing and future efforts to acquire data from the States.
- o To annually compile secondary data from the States relating to alcohol and drug abuse services, clients and resources.
- o To automate the editing, storage and analysis of data acquired from the States in prior and current fiscal years.
- o To aggregate and analyze the data that are voluntarily submitted by each State, including the development of comparisons and analyses within and across States.

The overall study methodology was defined within a performance plan comprised of four major tasks and related sub-tasks, including the design of data acquisition and analysis plans; development of support materials and procedures; implementation of data acquisition and analysis; and the preparation of numerous project reports.

Subsequent to a meeting in August of 1987 with State and Institute representatives to solicit input and recommendations for the 1987 SADAP form, NASADAD staff developed all necessary support materials. Data collection procedures were implemented in October of 1987 when those support materials were distributed to the State Alcohol and Drug Agency Directors along with a data request letter signed by NASADAD's President. Attached as Appendix A is a copy of the cover letter, information collection format, and glossary of terms that were sent to each State Alcohol and Drug Abuse Agency Director. This material was

written communications to States reminding them of the importance of voluntarily submitting the data. Telephone calls were then made to any Directors who had not submitted information within the requested time frame.

The Directors of the State Alcohol and Drug Agencies from 50 States, the District of Columbia, Guam, and Puerto Rico voluntarily submitted information in response to the request from NASADAD. The data received are summarized and analyzed within the remaining sections of this report. Each State Director was provided a draft copy of the data tables and requested to review and verify the accuracy of all information from his/her State.

III. FUNDING OF ALCOHOL AND DRUG SERVICES

In October of 1987, each State Alcohol and Drug (A/D) Agency was asked to provide data on total expenditures for alcohol and drug services by source of funding and type of program activity within the State for that State's Fiscal Year (FY) 1987. Fifty States, the District of Columbia, Guam and Puerto Rico responded to this request.

Before presenting and analyzing the findings, it is important to note that, as with any data, these data have a number of inherent limitations. They should not be utilized without an appreciation of the qualifications that apply to them. One major qualification is that the States were asked to report total expenditures for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987." The data presented do not include information on those programs that did not receive any funding from the State A/D Agency (e.g., most, if not all, private for-profit programs; some private not-for-profit programs; and some public programs). As a result, the overall fiscal estimates contained herein are conservative in nature and, to varying degrees, underestimate funding expenditures by other departments of State government, by Federal agencies such as the Veteran's Administration, and by private, non-State Agency supported alcohol and drug abuse treatment and prevention programs.

The financial and related data collected from States for FY 1987 are organized within four major subsections:

- o Financial Expenditures by State and Funding Source;
- o Financial Expenditures by Type of Program Activity;
- o Comparison of Financial Expenditures for Fiscal Years 1985, 1986 and 1987 by Total Expenditures, Funding Source and Type of Program Activity; and
- o Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1987.

Information on each of these areas follows:

1. Financial Expenditures by State and Funding Source
(Table 1)

This subsection provides information on expenditures for alcohol and drug services within each State during that State's 1987 Fiscal Year. It should be noted that two States, Alabama and Michigan, and the District of Columbia have Fiscal Years directly comparable to the Federal Government (October 1 to September 30), while 46 States and Puerto Rico have Fiscal Years

from July 1 to June 30, one State (New York) has a Fiscal Year from April 1 to March 31, and one State (Texas) has a Fiscal Year from September 1 to August 31. The data are categorized and presented on both a State-by-State basis and by funding source, including State Alcohol and Drug Agency funds, other State monies, the alcohol and drug portion of the Alcohol, Drug Abuse and Mental Health Services (ADMS) and the Emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grants, other Federal monies, County and local funds, and monies from other sources. Also, total expenditures are reported for each of the 50 States, the District of Columbia, Guam and Puerto Rico and for each funding source (see Table 1).

The total monies expended within all 50 States, the District of Columbia, Guam, and Puerto Rico for alcohol and drug services in those programs receiving at least some State administered funds during each State's 1987 Fiscal Year (FY) were \$1,809,749,013. This total includes \$819.8 million (45.3 percent) from State A/D Agency sources, \$104.3 million (5.8 percent) from other State agency sources, \$272.6 million (15.1 percent) from the ADMS Block Grant, \$51.8 million (2.9 percent) from other Federal government sources, \$164.8 million (9.1 percent) from county or local agency sources, and \$396.5 million (21.9 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

Caution needs to be exercised in utilizing and interpreting these data. As noted earlier, the data include information only on those programs "which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987". In some States complete information is not available on all funding sources, even for State Alcohol/Drug (A/D) Agency supported programs. In most instances where such information is not presented, the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented in Table 1 should be used only as gross estimates of the overall level of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and particularly, the "Other Sources" categories actually contribute more funds and higher percents than the figures indicate.

The specific levels of fiscal support contributed by the different sources vary considerably among the States. It is clear, however, that for all States combined and for most States individually, the single largest source of funding during FY 1987 for alcohol and drug services was State revenues. In 39 States and Puerto Rico the State A/D Agency funds constituted the single largest source of funding. The largest revenue source in five States and Guam was the Federal government, primarily through the alcohol and drug abuse share of the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant, but also partially through the new Part C, Emergency Alcohol and Drug Treatment and

**EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES
BY STATE AND BY FUNDING SOURCE FOR FISCAL YEAR 1987**

STATE	STATE ALCOHOL/ DRUG AGENCY	OTHER STATE AGENCY	ALCOHOL/ DRUG ABUSE BLOCK GRANTS	OTHER FEDERAL GOVERNMENT	COUNTY OR LOCAL AGENCIES	OTHER SOURCES	GRAND TOTAL
Alabama	2,695,411	N/A	3,927,275	680,414	N/A	N/A	7,303,100
Alaska	12,661,000	715,000	2,064,100	2,538,000	2,150,000	1,400,000	21,528,100
Arizona	8,956,984	574,541	5,291,161	N/A	N/A	7,554,951	22,377,637 AB
Arkansas	2,615,596	0	2,439,726	984,279	615,326	0	6,654,927
California	78,255,000	1,497,000	34,051,000	3,619,000	34,534,000	69,116,000	221,072,000 A
Colorado	11,590,676	949,871	3,834,124	263,674	3,904,702	4,903,171	25,446,218
Connecticut	17,551,722	0	4,449,498	2,438,193	0	16,026,802	40,466,215
Delaware	2,719,750	162,056	1,097,252	19,245	0	8,427	4,006,730
District of Col	128,468	23,242,311	1,776,200	206,455	N/A	1,225,751	26,579,185
Florida	33,801,984	1,095,000	20,942,288	289,138	18,653,311	N/A	74,781,721
Georgia	24,433,091	N/A	3,925,110	156,211	701,268	2,930,194	32,145,874
Guam	N/A	N/A	209,937	N/A	41,956	N/A	251,893
Hawaii	1,872,722	N/A	1,243,880	N/A	20,347	1,212,309	4,349,258
Idaho	1,727,100	N/A	642,800	32,300	N/A	3,700	2,405,900
Illinois	52,939,400	100,000	11,456,300	1,014,200	N/A	0	65,509,900
Indiana	4,957,827	10,879,167	2,798,747	2,675,225	N/A	N/A	21,310,966
Iowa	7,504,361	1,151,507	2,319,161	192,194	1,315,417	2,155,263	14,637,903
Kansas	5,439,948	1,445,000	1,644,652	489,000	2,200,000	650,000	11,868,600
Kentucky	6,424,666	432,817	2,646,979	N/A	867,063	N/A	10,371,525
Louisiana	4,781,469	N/A	5,958,309	327,863	N/A	271,759	11,339,400
Maine	4,702,828	1,075,174	1,532,942	N/A	N/A	N/A	7,310,944
Maryland	26,174,940	0	4,172,301	1,040,082	1,160,671	9,817,619	42,365,613
Massachusetts	39,510,423	N/A	9,400,000	N/A	N/A	N/A	48,910,423
Michigan	29,057,429	N/A	11,784,533	3,146,094	8,119,634	28,750,167	80,857,857
Minnesota	2,279,758	N/A	3,099,054	N/A	N/A	N/A	5,378,812
Mississippi	2,449,962	0	1,047,511	2,029,886	N/A	N/A	5,527,359
Missouri	10,200,885	N/A	5,117,343	790,412	266,384	N/A	16,375,024
Montana	503,643	1,984,506	971,190	840,832	1,572,653	3,990,532	9,863,356
Nebraska	4,672,559	0	1,540,230	0	567,118	838,602	7,618,509
Nevada	2,338,443	0	1,241,056	0	157,161	2,263,171	5,999,831 C
New Hampshire	1,376,037	N/A	1,015,121	N/A	N/A	15,075	2,406,233
New Jersey	21,985,000	0	10,171,000	987,000	2,015,000	3,500,000	38,658,000
New Mexico	2,461,248	707,135	1,706,508	0	0	9,065,277	13,940,168 A
New York	190,213,527	4,657,900	35,874,500	8,331,900	33,429,300	178,015,215	450,522,342 ADE
North Carolina	12,860,884	N/A	3,933,569	322,977	17,733,189	N/A	34,850,619
North Dakota	1,235,977	0	1,559,620	0	0	0	2,795,597
Ohio	16,603,294	3,251,365	8,558,398	2,009,863	1,491,494	4,847,535	36,761,949
Oklahoma	4,510,066	4,988,744	1,974,736	108,270	N/A	N/A	11,581,816
Oregon	7,217,339	20,345,307	3,461,952	1,476,700	5,256,582	2,413,698	40,171,578
Pennsylvania	30,475,690	6,746,377	12,081,562	154,000	6,261,976	18,493,976	74,213,581
Puerto Rico	14,601,022	2,384,789	3,969,492	467,994	0	0	21,423,297
Rhode Island	7,407,973	N/A	1,924,373	N/A	N/A	N/A	9,332,346 FG
South Carolina	8,224,370	4,167,536	2,479,164	1,322,780	4,180,000	3,702,138	24,075,988
South Dakota	422,763	514,158	956,272	51,938	658,323	1,373,429	3,976,883 F
Tennessee	6,480,412	1,620,366	3,176,803	1,072,414	3,391,608	4,110,775	19,852,378
Texas	4,837,251	N/A	9,001,730	688,495	N/A	N/A	14,527,476 H
Utah	6,105,571	1,172,441	2,099,714	760,830	2,592,114	4,386,968	17,117,638
Vermont	2,751,140	167,000	1,114,620	0	0	1,408,703	5,441,463
Virginia	14,295,104	N/A	4,248,498	693,176	7,695,950	4,606,291	31,539,019
Washington	19,713,486	N/A	4,249,712	748,403	N/A	N/A	24,711,601
West Virginia	2,636,497	1,169,522	1,422,697	226,881	115,558	2,229,348	7,800,503
Wisconsin	37,702,567	7,114,253	4,498,443	8,570,000	2,921,724	5,164,125	65,971,112
Wyoming	2,742,561	0	467,487	0	252,598	N/A	3,462,646
TOTALS	819,807,824	104,310,843	272,570,630	51,766,318	164,842,427	396,450,971	1,809,749,013
PERCENT OF TOTAL	45.3%	5.8%	15.1%	2.9%	9.1%	21.9%	100.0%

A = Figures represent allocated funds rather than expenditures.

B = Alcohol/Drug Abuse Block Grant includes \$324,272 Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grant monies.

C = County or Local Agencies category includes required matching funds.

D = Other Sources category includes Medicaid, client fees, Juvenile Justice Prevention Funds.

E = Other State Agency category includes lab revenues, methadone registry, capital construction, Medicaid MIS and suballocations from Dept. of Social Services.

F = Figures represent an estimate of expenditures.

G = State Alcohol/Drug Agency category includes substance abuse detox facility, DUI program and TASC.

H = Other Federal category includes ADTR Block Grant Funds.

N/A = Information not available

Cautionary Note: In a number of States complete information is not available on all funding sources for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented at the bottom of this table should be used only as gross estimates of the overall levels of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percents than the figures shown.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

Rehabilitation (ADTR) Block Grant. In three States and the District of Columbia, other State agency monies were the major source of support, in another three States, other sources constituted the largest funding source and within one State, North Carolina, county or local agencies provided the largest source of fiscal support for alcohol and drug abuse services.

2. Financial Expenditures by Type of Program Activity
(Table 2)

Within this subsection information is provided on the amount of monies expended during FY 1987 for different types of alcohol and drug program activities. Data are presented on a State-by-State basis for three program activities including treatment, prevention, and other. Total expenditures are reported for each State and for each program activity category (see Table 2).

As noted previously, the total monies expended within the 50 States, the District of Columbia, Guam and Puerto Rico during FY 1987 in those programs which received at least some State A/D Agency funds were \$1.8 billion. All but one of these States and Territories were able to report the breakout of the funds into the different types of alcohol and drug program activities. Of the total approximately \$1.4 billion (76.5 percent) was expended for treatment activities, \$224.2 million (12.6 percent) for prevention activities, and \$194.4 million (10.9 percent) for other activities (e.g., training, research, and administration). Only one State was unable to report the breakout of monies by type of program activity.

Over the past several years, many States have substantially increased their commitment to and financial expenditures for prevention programs. However, within every State Agency except for Guam, the expenditures for treatment remain much higher than those for prevention. Overall, the expenditures for treatment are over six times as great as for prevention.

3. Comparison of Financial Expenditures for Fiscal Years 1985, 1986 and 1987 by Total Expenditures, Funding Source and Type of Program Activity (Tables 3, 4, 5)

Detailed comparisons of financial expenditures reported by States in this year's State Alcohol and Drug Abuse Profile (SADAP) with SADAP data collected for FYs 1985 and 1986 are provided in this subsection. However, comparisons with fiscal data collected in FYs 1982-1984 are not appropriate. Such comparisons would be misleading since there were changes instituted in the specific wording of questions related to States' fiscal resources.

In fiscal years 1982, 1983 and 1984, States were asked to "estimate" their current year's fiscal allocation while they were still in the middle of the FY. Thus, the States could only provide "estimates" of dollar allocations for all alcohol and

TABLE 2

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES
BY STATE AND BY TYPE OF PROGRAM ACTIVITY FOR FISCAL YEAR 1987

STATE	TYPE OF PROGRAM ACTIVITY			TOTAL
	TREATMENT	PREVENTION	OTHER	
Alabama	6,089,157	751,365	462,578	7,303,100
Alaska	13,721,500	5,842,500	1,964,100	21,528,100
Arizona	20,088,213	1,596,622	692,802	22,377,637 A
Arkansas	5,627,807	596,203	430,917	6,654,927
California	156,032,000	32,839,000	32,201,000	221,072,000 A
Colorado	20,395,555	3,486,440	1,564,223	25,446,218
Connecticut	33,082,662	3,040,958	4,342,595	40,466,215
Delaware	2,989,029	231,956	785,745	4,006,730
District of Col	20,811,317	1,129,253	4,638,615	26,579,185
Florida	68,293,843	6,319,401	168,477	74,781,721
Georgia	30,391,265	785,022	969,587	32,145,874
Guam	85,024	108,086	58,783	251,893
Hawaii	3,450,156	511,017	388,085	4,349,258
Idaho	2,079,500	135,500	190,900	2,405,900
Illinois	54,150,800	5,358,400	6,000,700	65,509,900
Indiana	19,017,428	1,495,986	797,552	21,310,966
Iowa	12,028,466	2,609,437	0	14,637,903
Kansas	8,998,914	1,806,216	1,063,470	11,868,600
Kentucky	8,644,457	1,086,914	640,154	10,371,525
Louisiana	8,543,168	1,641,121	1,155,111	11,339,400
Maine	5,999,542	783,067	528,335	7,310,944
Maryland	38,306,552	1,062,530	2,996,531	42,365,613
Massachusetts	37,030,181	5,179,393	6,700,849	48,910,423
Michigan	58,895,864	13,554,896	8,407,097	80,857,857
Minnesota	3,399,024	1,025,783	954,005	5,378,812
Mississippi	4,274,317	223,042	1,030,000	5,527,359
Missouri	14,524,828	812,945	1,037,251	16,375,024
Montana	8,847,686	700,947	314,723	9,863,356
Nebraska	6,455,183	846,640	316,686	7,618,509
Nevada	5,094,070	299,715	606,046	5,999,831
New Hampshire	1,430,691	580,955	394,587	2,406,233
New Jersey	28,911,000	7,002,000	2,745,000	38,658,000
New Mexico	12,899,675	968,548	71,945	13,940,168 A
New York	356,563,836	58,912,506	35,046,000	450,522,342 A
North Carolina	2,675,117	862,507	31,312,995	34,850,619
North Dakota	2,551,087	97,113	147,397	2,795,597
Ohio	26,640,460	4,595,901	5,525,588	36,761,949
Oklahoma	10,701,915	469,136	410,765	11,581,816
Oregon	27,511,392	11,147,811	1,512,375	40,171,578
Pennsylvania	54,801,483	12,450,078	6,962,020	74,213,581
Puerto Rico	13,781,163	2,245,910	5,396,224	21,423,297
Rhode Island	7,980,013	772,175	580,158	9,332,346
South Carolina	15,532,386	6,975,115	1,568,487	24,075,988
South Dakota	3,251,871	338,744	386,268	3,976,883
Tennessee	12,585,331	4,414,815	2,852,232	19,852,378
Texas	8,250,992	3,340,949	2,935,535	14,527,476
Utah	11,167,699	5,217,395	732,544	17,117,638
Vermont	3,889,139	871,164	681,160	5,441,463
Virginia	N/A	N/A	N/A	31,539,019 B
Washington	22,676,269	865,000	1,170,332	24,711,601
West Virginia	6,386,672	1,067,256	346,575	7,800,503
Wisconsin	49,509,626	4,492,257	11,969,229	65,971,112
Wyoming	2,546,660	648,597	267,389	3,462,646
TOTALS	1,359,591,985	224,196,287	194,421,722	1,809,749,013
PERCENT OF TOTAL	76.5%	12.6%	10.9%	

A = Figures represent allocated funds rather than expenditures.

B = State was unable to differentiate among program categories.

N/A = Information not available.

NOTE: "OTHER" category includes other activities beyond treatment or prevention services, e.g., training, research and administration.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

drug services within their States. In 1984, two major refinements were made to the data collection effort: States were asked to report actual allocations for their most recently completed fiscal year (FY 1984) and to provide fiscal information for "only those programs which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984". In 1985, a third refinement was added: States were asked to report actual total "expenditures" for FY 1985 rather than "allocations".

A comparison of total expenditures for all funding sources for alcohol and drug abuse services from FY 1985 to FY 1987 in the 53 State Agencies reporting data for all three years, reflects a total dollar increase from FY 1985 to FY 1987 of \$430,266,246 or a 31.2 percent increase (see Table 3). While this reflects a positive growth in the overall national fiscal environment, eight State Agencies reported a decrease in total expenditures from FY 1985 to FY 1987. Also, in a few States, the increase in expenditures may reflect not a true increase in services but an improvement in the reporting or data collection system. In addition, it may be worth noting that the dollar increase from FY 1985 to FY 1986 was 19.0 percent, while the increase from FY 1986 to FY 1987 was only 10.2 percent.

A comparison of expenditures by funding source from FY 1985 to FY 1987 is also provided (see Table 4). All categories of funding sources reveal significant increases in expenditures from FY 1985 to FY 1987. Caution needs to be exercised when comparing these financial data, however, as some of the apparent increases may be related in part to an improvement in the State's ability to collect and provide data. A comparison of these expenditure data from FY 1985 to FY 1987 document the following increases: "State Alcohol/Drug Agency" (22.8 percent); "Other State Agency" (75.6 percent); "Alcohol/Drug Abuse Block Grants" (14.6 percent); "Other Federal Government" (105.8 percent); "County or Local Agencies" (62.2 percent) and "Other Sources" (37.6 percent), for an overall total increase from FY 1985 to FY 1987 of 31.2 percent. Figure 3, included earlier within the Executive Summary of this document, presents this data in a bargraph format.

Overall expenditures by types of Program Activity for the State Agencies able to report such data for FY 1985 through FY 1987 (see Table 5) reflect a significant growth in expenditures for each program activity. Total expenditures for treatment increased by \$327,504,665 (31.7 percent) from FY 1985 to FY 1987; total expenditures for prevention activities increased by \$67,400,025 (43.0 percent) for these three years and expenditures for other activities increased by \$35,361,556 (18.6 percent).

TABLE 3

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES
BY STATE FOR FISCAL YEARS 1985, 1986 AND 1987

STATE	TOTAL ALCOHOL AND DRUG ABUSE SERVICE EXPENDITURES			1985 to
	FY 1985	FY 1986	FY 1987	1987 CHANGE
Alabama	5,915,793	6,628,533	7,303,100	23.5%
Alaska	19,511,863	18,866,700	21,528,100	10.3%
Arizona	20,218,120	21,273,146	22,377,637	10.7%
Arkansas	5,403,542	5,770,019	6,654,927	23.2%
California	201,933,720	211,861,000	221,072,000	9.5%
Colorado	16,219,222	24,498,392	25,446,218	56.9%
Connecticut	27,087,735	36,290,844	40,466,215	49.4%
Delaware	3,756,902	3,496,879	4,006,730	6.6%
District of Col	18,897,677	23,756,425	26,579,185	40.6%
Florida	42,891,735	62,217,740	74,781,721	74.3%
Georgia	23,797,742	29,029,176	32,145,874	35.1%
Hawaii	3,673,124	4,533,022	4,349,258	18.4%
Idaho	2,822,875	2,878,325	2,405,900	-14.8%
Illinois	47,356,816	61,155,276	65,509,900	38.3%
Indiana	17,683,691	21,893,125	21,310,966	20.5%
Iowa	12,281,053	14,938,060	14,637,903	19.2%
Kansas	8,402,000	9,951,855	11,868,600	41.3%
Kentucky	7,900,941	9,497,100	10,371,525	31.3%
Louisiana	12,814,939	14,840,614	11,339,400	-11.5%
Maine	8,632,814	6,398,023	7,310,944	-15.3%
Maryland	28,149,997	40,803,832	42,365,613	50.5%
Massachusetts	35,934,301	34,588,516	48,910,423	36.1%
Michigan	65,545,875	77,031,584	80,857,857	23.4%
Minnesota	5,009,800	5,327,587	5,378,812	7.4%
Mississippi	6,826,300	6,094,081	5,527,359	-19.0%
Missouri	11,402,338	13,389,238	16,375,024	43.6%
Montana	8,060,073	9,175,393	9,863,356	22.4%
Nebraska	6,183,667	6,836,388	7,618,509	23.2%
Nevada	6,552,090	5,548,531	5,999,831	-8.4%
New Hampshire	2,335,190	2,251,114	2,406,233	3.0%
New Jersey	22,307,000	44,058,000	38,658,000	73.3%
New Mexico	13,571,286	16,357,200	13,940,168	2.7%
New York	309,368,481	370,369,815	450,522,342	45.6%
North Carolina	29,179,850	28,753,576	34,850,619	19.4%
North Dakota	1,777,000	2,827,269	2,795,597	57.3%
Ohio	35,960,797	68,441,833	36,761,949	2.2%
Oklahoma	5,923,068	10,984,639	11,581,816	95.5%
Oregon	10,915,230	11,324,766	40,171,578	268.0%
Pennsylvania	65,712,000	69,570,000	74,213,581	12.9%
Puerto Rico	17,503,724	17,956,398	21,423,297	22.4%
Rhode Island	7,292,084	7,496,722	9,332,346	28.0%
South Carolina	12,512,296	20,356,999	24,075,988	92.4%
South Dakota	4,015,716	3,479,520	3,976,883	-1.0%
Tennessee	10,100,800	14,194,276	19,852,378	96.5%
Texas	20,433,115	14,389,108	14,527,476	-28.9%
Utah	12,929,062	15,377,966	17,117,638	32.4%
Vermont	3,778,941	4,957,943	5,441,463	44.0%
Virginia	27,027,873	29,490,704	31,539,019	16.7%
Washington	21,666,028	22,288,236	24,711,601	14.1%
West Virginia	7,447,581	6,851,015	7,800,503	4.7%
Wisconsin	52,724,554	67,863,733	65,971,112	25.1%
Wyoming	3,882,453	3,290,280	3,462,646	-10.8%
TOTALS	1,379,230,874	1,641,500,516	1,809,497,120	31.2%

N/A = Information not available.

NOTE: Totals for this table may differ from Tables 1 and 2 because data in this table are only depicted for those State and Territorial Agencies that reported all three years. American Samoa, Guam, and the Virgin Islands are excluded from this table.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

TABLE 4
COMPARISON OF EXPENDITURES FOR ALCOHOL AND
DRUG ABUSE SERVICES BY FUNDING SOURCE
FOR FISCAL YEARS 1985, 1986 AND 1987

FUNDING SOURCE	FY 1985	1985-1986 CHANGE	FY 1986	1986-1987 CHANGE	FY 1987	1985 TO 1987 CHANGE
STATE ALCOHOL/ DRUG AGENCY	667,351,584	12.6%	751,389,473	9.1%	819,807,824	22.8%
OTHER STATE AGENCY	59,408,503	60.7%	95,491,625	9.2%	104,310,843	75.6%
ALCOHOL/DRUG ABUSE BLOCK GRANTS	237,648,522	8.0%	256,561,753	6.2%	272,360,693	14.6%
OTHER FEDERAL GOVERNMENT	25,157,896	78.0%	44,777,552	15.6%	51,766,318	105.8%
COUNTY OR LOCAL AGENCIES	101,581,588	50.9%	153,335,470	7.5%	164,800,471	62.2%
OTHER SOURCES	288,082,781	18.0%	339,944,643	16.6%	396,450,971	37.6%
GRAND TOTAL	1,379,230,874	19.0%	1,641,500,516	10.2%	1,809,497,120	31.2%

TABLE 5
COMPARISON OF EXPENDITURES FOR ALCOHOL AND
DRUG ABUSE SERVICES BY TYPE OF PROGRAM
ACTIVITY FOR FISCAL YEARS 1985, 1986 AND 1987

TYPE OF ACTIVITY	FY 1985	1985-1986 CHANGE	FY 1986	1986-1987 CHANGE	FY 1987	1985 TO 1987 CHANGE
TREATMENT	1,032,002,296	16.7%	1,204,408,668	12.9%	1,359,506,961	31.7%
PREVENTION	156,688,166	19.8%	187,693,298	19.4%	224,088,191	43.0%
OTHER **	190,540,412	30.9%	249,398,550	-9.4%	225,901,968	18.6%
GRAND TOTAL	1,379,230,874	19.0%	1,641,500,516	10.2%	1,809,497,120	31.2%

** "OTHER" Type of Activity category includes activities such as training, research, and activities that States were unable to report by specific categories.

NOTE: Totals for these tables may differ from Tables 1 and 2 because data in these tables are only depicted for those State and Territorial Agencies that reported all three years. American Samoa, Guam, and the Virgin Islands are excluded from this table.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

4. Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1987 (Tables 6,7)

Within this subsection information is provided on the total number of treatment units which received funds administered by the State A/D Agency in FY 1987. The data are presented by primary orientation of the treatment units: alcohol, drug, or combined alcohol/drug. An estimate is also provided indicating the percent of treatment units in the State in FY 1987, that received any funds administered by the State A/D Agency.

The State Agencies identified a total of 6,632 alcohol and/or drug treatment units which received funds administered by the State A/D Agency in FY 1987. With regard to the orientation of the treatment units, 2,083 (31.4 percent) were identified as alcohol units, 1,428 (21.5 percent) as drug units and 3,109 (46.9 percent) were identified as combined alcohol/drug treatment units (see Table 6).

An estimate of the percent of total alcohol and/or drug treatment units in the State that received any funds administered by the State A/D Agency in FY 1987 was provided by 47 States, the District of Columbia, Guam and Puerto Rico. The estimate ranged from a low of 17 percent in Minnesota to a high of 100 percent in Guam and Puerto Rico (see Table 7).

Included as Appendix B of this report are State-by-State population, per capita income, population density and State revenue figures to aid in further analyses and interpretation of the financial data. Population data are for July 1, 1986; the population density data are for Calendar Year 1986; the per capita income data are for Calendar Year 1987 and the State revenues reflect each State's Fiscal Year 1986.

TABLE 6

NUMBER OF ALCOHOL AND/OR DRUG TREATMENT UNITS WHICH RECEIVED FUNDS
ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY FOR FY 1987

STATE	ALCOHOL TREATMENT UNITS	DRUG TREATMENT UNITS	COMBINED ALCOHOL/ DRUG TREATMENT UNITS	TOTAL ALCOHOL/ DRUG TREATMENT UNITS
Alabama	13	5	16	46 A
Alaska	0	2	45	47
Arizona	38	18	122	178
Arkansas	5	4	19	28
California	635	249	N/A	884
Colorado	63	7	23	93
Connecticut	31	27	42	100
Delaware	5	2	6	13
District of Col	4	9	2	15
Florida	55	76	42	173
Georgia	0	0	43	43
Guam	0	0	1	1
Hawaii	3	2	17	22
Idaho	0	0	20	20
Illinois	318	93	26	437
Indiana	0	0	42	42
Iowa	0	0	29	29
Kansas	0	0	65	65
Kentucky	0	0	132	132
Louisiana	0	0	43	43
Maine	0	0	34	34
Maryland	62	42	20	124
Massachusetts	33	11	254	298
Michigan	13	4	248	265
Minnesota	1	2	43	46
Mississippi	50	1	22	73
Missouri	3	5	80	88
Montana	1	2	27	30
Nebraska	0	0	127	127
Nevada	2	1	25	28
New Hampshire	6	2	17	25
New Jersey	121	50	17	188
New Mexico	22	11	20	53
New York	300	513	27	840
North Carolina	23	1	41	65
North Dakota	0	0	7	7
Ohio	92	47	42	181
Oklahoma	0	0	48	48
Oregon	52	9	39	100
Pennsylvania	40	26	459	525
Puerto Rico	8	160	5	173 B
Rhode Island	19	7	4	30
South Carolina	2	0	38	40
South Dakota	0	0	18	18
Tennessee	1	2	51	54
Texas	0	3	72	75
Utah	5	0	65	70
Vermont	0	0	27	27
Virginia	20	6	64	90
Washington	37	27	60	124
West Virginia	0	0	29	29
Wisconsin	0	2	322	324
Wyoming	0	0	22	22
TOTALS	2,083	1,428	3,109	6,632
PERCENT OF TOTAL	31.4%	21.5%	46.9%	100.0%

A = Includes 12 prevention units.

B = Total includes 91 private day treatment units.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received funds administered by the State Alcohol/Drug Agency" during Fiscal Year 1987.

TABLE 7

ESTIMATE OF PERCENT OF TOTAL ALCOHOL AND/OR DRUG TREATMENT
UNITS IN THE STATE THAT RECEIVED ANY FUNDS ADMINISTERED BY
THE STATE ALCOHOL/DRUG AGENCY FOR FY 1987

STATE	ESTIMATE OF PERCENT OF TOTAL TREATMENT UNITS FUNDED BY STATE AGENCY
Alabama	51
Alaska	82
Arizona	67
Arkansas	61
California	60
Colorado	34
Connecticut	64
Delaware	50
District of Col	60
Florida	80
Georgia	N/A
Guam	100
Hawaii	80
Idaho	64
Illinois	45
Indiana	20
Iowa	53
Kansas	40
Kentucky	40
Louisiana	33
Maine	58
Maryland	51
Massachusetts	N/A
Michigan	49
Minnesota	17
Mississippi	75
Missouri	42
Montana	75
Nebraska	78
Nevada	40
New Hampshire	36
New Jersey/Alcohol	50
New Jersey/Drug	90
New Mexico	N/A
New York/Alcohol	81
New York/Drug	65
North Carolina	73
North Dakota	25
Ohio	45 A
Oklahoma	50
Oregon	53
Pennsylvania	68
Puerto Rico	100
Rhode Island	70
South Carolina	60
South Dakota	64
Tennessee	60
Texas	26
Utah	77
Vermont	90
Virginia	75
Washington	44
West Virginia	85
Wisconsin	80
Wyoming	85

A = Alcohol units only.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987.

IV. CLIENT ADMISSIONS TO ALCOHOL AND DRUG TREATMENT SERVICES

Each State Alcohol and Drug Agency was asked to provide information on client admissions to treatment units that received funds administered by the State Agency during Fiscal year 1987. All but four of the States have combined alcohol and other drug abuse treatment responsibilities within one agency. A number of these agencies have established combined (e.g., substance abuse, chemical dependency) treatment systems and/or client reporting systems and preferred to report combined alcohol and drug client data. However, in response to a specific request from NIAAA and NIDA (each of which have a distinct mandate), NASADAD asked the States separate questions relating to alcohol and other drug abuse treatment services. This was done to obtain data that would be generally consistent with past data collection efforts and to be responsive to those States that have separate alcohol and drug agencies.

In reviewing and interpreting the data in this section of the report, it is important to recognize that the client admissions figures are limited to those treatment units that received at least "some funds administered by the State Alcohol and Drug Agency" during the State's Fiscal Year (FY) 1987. However, States reporting client information on those treatment units that received only partial funding from the State Agency were instructed to report data on all client admissions to the program, not just data on those client admissions supported by State Agency funds. The data presented do not include client admissions to treatment units that did not receive any funds administered by the State Alcohol or Drug Agency during FY 1987. It is also important to recognize that the total number of client admissions reported in the following tables may not always be equal since, in a few cases, the State may have been unable to provide client admissions for all of the categories specified (e.g., some States use different age categories).

The remainder of this section on client admissions to treatment services is organized within two major subsections including:

- o Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism; and
 - o Client Admissions to Treatment Services for Drug Abuse and Dependency.
1. Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism (Tables 8, 9, 10, 11, 12)

This subsection includes client data organized under two topic headings including:

- o Client admissions data by environment and type of care; and
- o Client admissions data by sex, age and race/ethnicity.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Type of Care

Each State Alcohol (and combined Alcohol and Drug) Agency was asked to provide data on the "number of ALCOHOL treatment client admissions during FY 1987" in all units that received some funds administered by the State Alcohol Agency. The information requested included client admissions data organized by environment (hospital or non-hospital) and by type of care (detoxification, rehabilitation/residential, or outpatient) (see Table 8).

All 50 State Agencies, the District of Columbia, Guam and Puerto Rico provided at least some data on the number of total alcohol client treatment admissions during FY 1987 (see the last column in Table 8). The total of reported alcohol client treatment admissions was over 1.3 million. Of these admissions, approximately 84.6 percent (1,114,334 admissions) were to non-hospital units. However, three States that reported admissions to non-hospital units did not have data available on admissions to hospital units and so the actual number and percent of hospital admissions is likely to be higher than indicated. Forty-six States, the District of Columbia, Guam and Puerto Rico reported a total of 142,777 client admissions to hospital-based treatment units.

Most States also reported data on alcohol client treatment admissions by type of care (detoxification, rehabilitation/residential, or outpatient), as well as by environment (hospital or non-hospital) (see the first six columns of Table 8). Hospitals were used by 16.8 percent of those clients who required detoxification services, and 17.1 percent of those clients who received rehabilitation/residential services. However, the proportions of hospital to non-hospital admissions are even lower for those clients who required outpatient services. With regard to outpatient services, hospital facilities were used for only 5.1 percent of the client admissions, while 94.9 percent of outpatient services were delivered in a non-hospital setting. Since some of the State Agencies reported data in some categories but not in others, caution should be exercised in the interpretation and use of the percent information noted above.

TABLE 8

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF CARE, AND STATE FOR FISCAL YEAR 1987

STATE	DETOXIFICATION		REHAB/RESIDENTIAL		OUTPATIENT		TOTAL ADMISSIONS BY TYPE OF ENVIRONMENT			TOTAL ADMISSIONS
	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	NOT REPORTED	
Alabama	0	0	0	3,018	0	2,386	0	5,404	0	5,404
Alaska	242	1,178	295	1,683	0	5,553	537	8,414	0	8,951
Arizona	12	2,316	0	4,250	0	14,052	12	20,613	0	20,630
Arkansas	0	1,280	0	4,345	0	2,213	0	7,838	0	7,838
California	0	81,100	0	20,100	0	23,000	0	124,200	0	124,200 AB
Colorado	54	36,833	0	3,247	0	11,983	54	52,063	0	52,117
Connecticut	1,109	5,336	430	2,840	869	3,026	2,408	11,202	0	13,610 C
Delaware	0	2,659	0	498	0	908	0	4,065	0	4,065
District of Col	0	3,052	0	1,060	0	1,491	0	5,603	0	5,603
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62,661	62,661
Georgia	9,553	7,545	0	1,970	0	22,112	9,553	31,627	0	41,180
Guam	0	2	0	0	0	38	0	40	0	40
Hawaii	2	0	0	354	0	700	2	1,054	0	1,056
Idaho	36	809	0	689	0	3,403	36	4,901	0	4,937
Illinois	N/A	30,933	N/A	7,201	N/A	31,006	N/A	69,140	0	69,140
Indiana	0	4,863	647	1,871	0	5,660	647	12,394	0	13,041
Iowa	0	160	0	1,051	0	17,197	0	18,408	0	18,408
Kansas	0	2,722	0	1,308	0	6,532	0	10,568	0	10,568
Kentucky	802	2,250	593	1,413	0	8,250	1,395	11,913	0	13,308
Louisiana	20	669	0	436	0	5,485	20	6,590	0	6,610
Maine	535	1,280	617	3,060	891	12,481	2,043	16,821	0	18,864 D
Maryland	0	1,243	0	4,537	0	14,380	0	20,160	0	20,160
Massachusetts	0	60,134	0	6,330	0	20,392	0	86,856	0	86,856
Michigan	0	5,417	0	6,595	0	25,465	0	37,477	0	37,477
Minnesota	0	38,565	3,159	1,354	0	781	3,159	40,700	0	43,859
Mississippi	5	86	121	4,099	0	2,823	126	7,008	0	7,134
Missouri	108	11,336	0	4,878	0	5,391	108	21,605	0	21,713
Montana	1,822	313	2,150	902	0	4,233	3,972	5,448	0	9,420
Nebraska	234	7,082	548	2,222	796	8,406	1,578	17,710	0	19,288
Nevada	0	8,991	0	884	0	621	0	10,496	0	10,496
New Hampshire	0	398	0	430	0	1,978	0	2,806	0	2,806
New Jersey	8,242	4,038	243	3,695	1,775	7,688	10,260	15,421	0	25,681
New Mexico	0	N/A	0	5,553	0	5,965	0	11,518	0	11,518 E
New York	35,876	31,620	10,806	7,599	24,405	40,264	71,087	79,483	0	150,570 F
North Carolina	7,142	510	0	2,201	0	9,506	7,142	12,217	0	19,359
North Dakota	N/A	N/A	N/A	N/A	N/A	1,151	N/A	1,151	0	1,151
Ohio	N/A	7,902	N/A	1,586	N/A	9,277	N/A	18,765	0	18,765
Oklahoma	0	2,366	1,071	1,145	584	3,284	1,655	6,795	0	8,450
Oregon	0	5,310	0	2,776	0	22,562	0	30,648	0	30,648
Pennsylvania	6,999	5,036	478	6,276	0	20,763	7,477	32,075	0	39,552
Puerto Rico	0	0	314	137	0	2,778	314	2,915	0	3,229
Rhode Island	3,644	0	85	539	117	1,807	3,846	2,346	0	6,192
South Carolina	0	4,164	859	1,302	0	18,325	859	23,791	0	24,650
South Dakota	0	895	0	179	0	3,795	0	4,869	0	4,869
Tennessee	0	28	288	2,330	0	5,589	288	7,947	0	8,235
Texas	1,012	4,751	4,510	3,810	0	11,892	5,523	20,453	0	25,975
Utah	4	3,523	0	2,489	0	5,530	4	11,562	0	11,566
Vermont	0	610	0	769	0	2,269	0	3,648	0	3,648
Virginia	N/A	4,777	1,866	2,629	489	32,953	2,355	40,359	0	42,714
Washington	0	9,164	0	5,704	0	25,915	0	40,783	(2,299)	38,484 G
West Virginia	0	124	0	1,616	384	7,102	384	8,842	0	9,226
Wisconsin	4,457	2,195	1,477	2,439	0	53,948	5,934	58,582	0	64,516
Wyoming	0	0	0	633	0	6,402	0	7,035	0	7,035 H
TOTALS	81,910	405,565	30,557	148,032	30,310	560,731	142,777	1,114,334	60,362	1,317,473
PERCENT OF TOTAL	16.8%	83.2%	17.1%	82.9%	5.1%	94.9%	10.8%	84.6%	4.6%	100.0%

A = Alcohol client admissions data are estimated.

B = Environment categories are residential and non-residential instead of hospital and non-hospital.

C = Data are for number of clients served instead of client admissions.

D = Includes both alcohol and drug admissions; approximately 76% of total admissions are alcohol and 24% drug.

E = Residential rehabilitation and detoxification are combined.

F = All client admissions data are for calendar year 1986 and are estimated.

G = "Not Reported" column includes 2,299 duplicate admissions already contained in other columns.

H = Includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Alcohol (and combined Alcohol and Drug) Agency was asked to provide data on the "the number of ALCOHOL treatment client admissions during FY 1987" in all units "which received some funds administered by the State Alcohol Agency" in each of a number of specific sex, age, and race/ethnicity categories. All fifty States and the District of Columbia, reported alcohol client admissions data by sex (see Table 9). Approximately 76.2 percent of the alcohol client admissions were male, and 19.8 percent were female. Data on sex were not reported for 4.0 percent of the alcohol client admissions.

Forty-eight States, Guam, and the District of Columbia were able to report data by all or at least some of the age categories requested (see Table 10). The percent of client admissions that fell within each of the age range categories requested were as follows:

<u>Age</u>	<u>Percent of Admissions</u>
Under 18	4.1%
18-20	4.1%
21-24	10.7%
25-34	27.4%
35-44	21.7%
45-54	9.7%
55-64	5.3%
65 and over	1.8%
Not reported	15.3%

With regard to alcohol client treatment admissions information by age and by sex, a total of 42 State Agencies and the District of Columbia reported at least some relevant data (see Table 11). A number of States have established different age range categories and they were not able to retrieve or report client information according to some or all of the specific categories requested by NASADAD. The data shown indicate a male/female mix of 66 percent/34 percent in the lowest age group of under 18 and increasing to 84 percent male in the highest age group of 65 and over.

With regard to alcohol client treatment admissions information by race/ethnicity, a total of 49 State Agencies, the District of Columbia, Guam, and Puerto Rico provided at least partial data (see Table 12). Among the States reporting data, the percents of client admissions that fell within the race/ethnicity categories specified were as follows:

TABLE 9

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS
BY SEX AND STATE FOR FISCAL YEAR 1987

STATE	SEX			TOTAL
	MALE	FEMALE	NOT REPORTED	
Alabama	3,922	1,482	0	5,404
Alaska	6,712	2,239	0	8,951
Arizona	15,700	4,930	0	20,630
Arkansas	6,741	1,097	0	7,838
California	100,900	23,300	0	124,200 A
Colorado	35,001	6,226	10,890	52,117
Connecticut	10,931	2,679	0	13,610
Delaware	3,449	612	4	4,065
District of Col	4,482	1,121	0	5,603
Florida	48,613	14,048	0	62,661
Georgia	33,521	7,659	0	41,180
Guam	N/A	N/A	40	40
Hawaii	776	280	0	1,056
Idaho	3,848	1,089	0	4,937
Illinois	55,470	13,138	532	69,140
Indiana	9,962	3,079	0	13,041
Iowa	14,574	3,834	0	18,408
Kansas	8,885	1,681	2	10,568
Kentucky	11,036	2,272	0	13,308
Louisiana	5,136	1,474	0	6,610
Maine	14,108	4,756	0	18,864 B
Maryland	16,701	3,459	0	20,160
Massachusetts	71,108	15,748	0	86,856
Michigan	29,660	7,599	218	37,477
Minnesota	36,765	6,647	447	43,859
Mississippi	6,121	925	88	7,134
Missouri	18,266	3,447	0	21,713
Montana	5,493	3,927	0	9,420
Nebraska	14,649	4,639	0	19,288
Nevada	2,423	578	7,495	10,496
New Hampshire	1,969	791	46	2,806
New Jersey	20,263	5,418	0	25,681
New Mexico	9,316	2,188	14	11,518
New York	109,916	40,654	0	150,570 C
North Carolina	16,442	2,917	0	19,359
North Dakota	829	322	0	1,151
Ohio	14,412	4,353	0	18,765
Oklahoma	5,733	1,465	1,252	8,450
Oregon	23,532	7,116	0	30,648
Pennsylvania	31,712	7,840	0	39,552
Puerto Rico	3,068	161	0	3,229
Rhode Island	5,072	1,120	0	6,192
South Carolina	19,709	4,011	930	24,650
South Dakota	3,389	1,480	0	4,869
Tennessee	6,373	1,862	0	8,235
Texas	4,982	1,557	19,436	25,975
Utah	9,943	1,624	0	11,566
Vermont	2,624	1,024	0	3,648
Virginia	36,392	6,322	0	42,714
Washington	30,710	7,774	0	38,484
West Virginia	7,606	1,620	0	9,226
Wisconsin	39,946	13,077	11,493	64,516 D
Wyoming	5,062	1,973	0	7,035 E
TOTALS	1,003,952	260,634	52,887	1,317,473
PERCENT OF TOTAL	76.2%	19.8%	4.0%	100.0%

A = Alcohol client admissions data are estimated.

B = Includes both alcohol and drug admissions; approximately 76% of total admissions are alcohol and 24% are drug.

C = All client admissions data are for calendar year 1986 and are estimated.

D = "Not Reported" column represents duplicate admissions.

E = Includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

TABLE 10

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1987

STATE	UNDER							AGE 65		NOT	TOTAL
	AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AND OVER	REPORTED		
Alabama	73	157	522	2,206	1,297	650	292	70	137		5,404
Alaska	352	975	1,216	2,465	2,014	1,522	361	46	0		8,951
Arizona	817	536	2,199	7,124	5,423	2,735	1,275	484	37		20,630
Arkansas	131	603	N/A	N/A	N/A	N/A	N/A	182	6,922		7,838
California	2,150	2,850	8,300	42,950	39,600	17,600	9,050	1,700	0		124,200 A
Colorado	883	1,820	4,406	14,696	10,223	5,487	2,702	1,010	10,890		52,117
Connecticut	350	350	1,815	4,779	3,259	N/A	N/A	807	2,250		13,610 B
Delaware	119	164	372	1,361	949	615	308	173	4		4,065
District of Col	0	224	504	2,185	1,457	840	336	57	0		5,603
Florida	1,823	4,043	5,390	18,840	18,840	8,243	4,113	1,369	0		62,661
Georgia	534	1,010	3,103	12,463	11,347	7,565	3,942	1,216	0		41,180
Guam	0	2	6	25	5	2	0	0	0		40
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,056		1,056
Idaho	944	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,993		4,937
Illinois	3,580	N/A	N/A	N/A	N/A	N/A	N/A	1,192	64,368		69,140
Indiana	1,018	1,009	1,850	4,401	2,805	1,253	583	116	6		13,041
Iowa	1,245	2,094	3,113	6,084	3,149	1,347	711	257	408		18,408
Kansas	314	745	1,741	4,069	2,090	1,020	456	131	2		10,568
Kentucky	601	1,563	1,698	4,420	1,726	1,220	424	327	1,329		13,308
Louisiana	609	428	868	2,465	1,256	614	306	64	0		6,610
Maine	3,371	532	1,379	5,666	4,341	1,679	1,310	333	253		18,864 C
Maryland	1,439	1,142	2,929	7,463	4,071	2,021	875	220	0		20,160
Massachusetts	154	4,717	30,460	27,209	14,060	7,008	3,248	N/A	0		86,856 D
Michigan	1,822	2,167	5,003	14,995	7,940	3,466	1,438	428	218		37,477
Minnesota	2,001	2,326	3,986	13,042	10,068	6,443	3,738	1,808	447		43,859
Mississippi	151	366	1,091	2,785	1,568	704	306	75	88		7,134
Missouri	495	997	2,357	7,075	5,520	3,305	1,653	307	4		21,713
Montana	1,048	595	1,027	1,294	3,309	1,123	748	276	0		9,420
Nebraska	1,811	1,391	2,071	5,527	3,991	2,401	1,795	301	0		19,288
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10,496		10,496
New Hampshire	139	248	440	1,002	587	233	81	30	46		2,806
New Jersey	1,477	1,349	3,097	9,959	5,866	2,429	1,204	274	26		25,681
New Mexico	943	N/A	N/A	N/A	N/A	N/A	N/A	215	10,360		11,518
New York	6,136	4,524	17,662	41,347	55,711	12,045	10,540	2,605	0		150,570 E
North Carolina	249	624	1,634	6,158	5,087	3,377	1,750	480	0		19,359
North Dakota	70	76	154	417	249	118	48	19	0		1,151
Ohio	1,220	1,032	2,177	7,205	4,053	1,914	920	244	0		18,765
Oklahoma	289	404	850	2,587	1,576	917	445	130	1,252		8,450
Oregon	3,739	2,149	2,974	9,197	6,220	2,974	2,974	421	0		30,648
Pennsylvania	1,865	2,094	4,819	14,368	9,170	4,446	2,159	631	0		39,552
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,229		3,229
Rhode Island	145	130	340	1,016	507	205	108	24	3,717		6,192
South Carolina	1,356	1,493	2,634	8,097	5,845	3,088	1,498	570	69		24,650
South Dakota	773	429	634	1,296	877	479	271	110	0		4,869
Tennessee	607	465	1,056	2,998	1,786	869	338	116	0		8,235
Texas	90	316	722	2,580	1,606	794	356	75	19,436		25,975
Utah	306	708	1,250	4,296	2,688	1,359	701	155	103		11,566
Vermont	316	213	485	1,282	751	347	183	51	20		3,648
Virginia	1,699	2,325	5,545	13,569	9,852	6,056	2,879	789	0		42,714
Washington	N/A	2,249	5,941	11,966	9,437	5,174	2,500	1,063	154		38,484
West Virginia	816	525	1,191	3,042	1,925	986	567	174	0		9,226
Wisconsin	2,949	N/A	N/A	N/A	N/A	N/A	N/A	2,198	59,369		64,516
Wyoming	732	N/A	N/A	2,399	1,698	890	459	N/A	857		7,035 DF
TOTALS	53,751	54,159	141,011	360,370	285,799	127,563	69,951	23,323	201,546		1,317,473
PERCENT OF TOTAL	4.1%	4.1%	10.7%	27.4%	21.7%	9.7%	5.3%	1.8%	15.3%		100.0%

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = Alcohol client admissions data are estimated.

B = Age 65 and over category contains age 60 and over.

C = Alcohol and drug client admissions are combined; approximately 76% of total admissions are alcohol and 24% drug. Also, estimates are provided for the four age groups from 25 to 64.

D = Age 55 to 64 category contains age 55 and over.

E = All client admissions data are for calendar year 1986 and are estimated.

F = Includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

TABLE 11

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NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	UNDER AGE 18			18 TO 20			21 TO 24			25 TO 34			35 TO 44		
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR
Alabama	43	30		122	35		398	124		1,558	648		978	319	
Alaska	364	88		731	244		912	304		1,849	614		1,510	504	
Arizona	490	327		394	142		1,684	515		5,313	1,811		4,164	1,259	
Arkansas	N/A	N/A	131	N/A	N/A	603	N/A	N/A		N/A	N/A		N/A	N/A	
California	1,450	700		2,000	850		6,000	2,300		33,650	9,300		33,350	6,250	A
Colorado	645	218		1,540	280		3,640	744		12,180	2,516		8,785	1,438	
Connecticut	238	112		259	91		1,274	441		3,800	979		2,690	549	B
Delaware	82	37		147	17		295	77		1,098	243		843	104	
District of Col	0	0		179	45		403	101		1,747	438		1,164	291	
Florida	N/A	N/A	1,823	N/A	N/A	4,043	N/A	N/A	5,390	N/A	N/A	10,940	N/A	N/A	18,840
Georgia	417	117		827	183		2,451	653	0	9,951	2,512		9,352	1,995	
Hawaii	N/A	N/A		N/A	N/A	2	N/A	N/A	6	N/A	N/A	25	N/A	N/A	3
Idaho	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Illinois	726	218		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Indiana	2,411	1,169		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Iowa	N/A	N/A	1,018	N/A	N/A	1,009	N/A	N/A	1,850	N/A	N/A	4,401	N/A	N/A	2,805
Kansas	801	444		1,609	485		2,588	525		4,858	1,226		2,507	642	
Kentucky	231	83		613	132		1,486	275		3,418	851		1,773	317	
Louisiana	469	132		1,326	237		1,415	283		3,645	775		1,415	311	
Maine	352	257		327	101		706	162		1,964	501		993	263	
Maryland	2,400	971		388	144		1,008	371		4,191	1,475		3,269	1,072	C
Massachusetts	1,070	369		966	176		2,406	523		6,155	1,308		4,331	640	
Michigan	86	68		3,687	1,030		24,601	5,859		22,355	4,854		11,753	2,307	D
Minnesota	1,131	491		1,797	370		4,114	889		11,973	3,022		6,286	1,654	
Mississippi	1,362	639		1,828	498		3,180	806		10,899	2,143		8,737	1,331	
Missouri	116	35		317	49		963	128		2,425	360		1,355	213	
Montana	281	214		781	216		1,871	486		5,852	1,223		4,699	821	
Nebraska	581	467		386	209		642	385		738	556		1,843	1,466	
Nevada	1,059	712		1,019	372		1,554	517		4,019	1,908		3,134	857	
New Hampshire	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
New Jersey	90	48	1	179	65	4	325	113	2	719	266	17	391	187	9
New Mexico	1,010	467		1,065	284		2,382	715		7,760	2,199		4,772	1,094	
New York	N/A	N/A	943	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
North Carolina	2,290	2,846		3,304	1,220		13,190	4,477		30,777	10,570		40,649	13,042	E
North Dakota	193	56		531	93		1,347	287		5,133	1,025		4,350	737	
Ohio	41	29		47	29		104	50		306	111		179	70	
Oklahoma	937	283		793	239		1,672	505		5,533	1,672		3,123	930	
Oregon	176	113		333	71		684	166		2,053	534		1,243	334	
Pennsylvania	N/A	N/A	3,739	N/A	N/A	2,149	N/A	N/A	2,974	N/A	N/A	9,197	N/A	N/A	4,220
Rhode Island	1,274	591		1,489	405		3,805	1,014		11,468	2,900		7,477	1,693	
South Carolina	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
South Dakota	101	44		91	39		252	88		764	252		377	130	
Tennessee	943	374	19	1,198	235	60	2,118	406	110	6,586	1,234	277	4,600	968	277
Texas	393	380		302	127		471	183		931	385		635	242	
Utah	455	152		364	101		818	238		2,297	701		1,388	398	
Vermont	73	17		196	120		491	231		1,860	730		1,310	296	
Virginia	224	82		601	107		1,064	186		3,684	612		2,301	387	
Washington	171	145		158	55		348	137		988	294		504	247	
West Virginia	1,196	503		2,008	317		4,741	804		11,523	2,036		8,500	1,352	
Wisconsin	N/A	N/A	N/A	N/A	N/A	2,249	N/A	N/A	5,941	N/A	N/A	11,966	N/A	N/A	9,437
Wyoming	576	340		433	93		988	203		2,556	486		1,624	301	
TOTALS	1,803	1,146		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	F
TOTALS	30,298	15,819	7,674	34,534	9,506	10,119	98,471	26,267	16,273	250,361	65,286	44,723	198,681	49,525	37,593

A number of the States which have the N/A designation collect age related information but not in these specific categories.

See footnotes at the bottom of next page.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

TABLE 11

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NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	45 to 54			55 to 64			65 and over			AGE NOT REPORTED			TOTALS		
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	TOTAL
Alabama	478	172		305	87		56	14		84	53	0	3,923	1,482	0
Alaska	1,141	381		371	90		34	12		0	0	0	6,712	2,239	0
Arizona	2,154	581		1,064	211		406	78		31	8		15,700	4,930	0
Arkansas	N/A	N/A		N/A	N/A		N/A	N/A	182	N/A	N/A	6,922	6,741	1,097	0
California	15,200	2,400		7,750	1,300		1,500	200		0	0	0	100,900	23,300	0
Colorado	4,865	622		2,416	286		910	100		N/A	N/A	10,890	35,001	6,226	10,890
Connecticut	N/A	N/A		N/A	N/A		653	154		1,917	333	0	10,931	2,679	0
Delaware	546	69		281	27		157	16		N/A	N/A	4	3,449	612	4
District of Col	672	168		269	67		46	11		0	0	0	4,482	1,121	0
Florida	N/A	N/A	8,243	N/A	N/A	4,113	N/A	N/A	1,369	0	0	0	48,613	14,048	0
Georgia	6,277	1,288		3,225	717		1,021	195		0	0	0	33,521	7,659	0
Hawaii	N/A	N/A		N/A	N/A		N/A	N/A		0	0	0	N/A	N/A	40
Idaho	N/A	N/A		N/A	N/A		N/A	N/A		776	280	0	776	280	0
Illinois	N/A	N/A		N/A	N/A		N/A	N/A		3,122	871	0	3,448	1,089	0
Indiana	N/A	N/A		N/A	N/A		1,028	164		52,031	11,405	532	55,470	13,128	532
Iowa	1,080	267		604	107		219	38		N/A	N/A	4	9,962	3,079	0
Kansas	859	161		414	42		111	20		308	100	0	14,574	3,834	0
Kentucky	1,037	183		361	63		265	62		N/A	N/A	3	8,885	1,681	3
Louisiana	479	135		257	49		58	6		1,103	226	0	11,036	2,272	0
Maine	1,381	298		1,056	254		277	56		0	0	0	5,136	1,474	0
Maryland	1,712	309		761	114		200	20		0	0	0	14,108	4,754	0
Massachusetts	5,898	1,110		2,728	520		N/A	N/A		0	0	0	16,701	3,459	0
Michigan	2,817	649		1,190	248		352	76		N/A	N/A	218	71,108	15,748	0
Minnesota	5,801	642		3,331	407		1,627	181		0	0	0	29,640	7,599	218
Mississippi	600	104		275	31		70	5		0	0	88	36,765	6,647	447
Missouri	2,986	319		1,499	154		294	13		6,121	925	88	6,121	925	88
Montana	481	442		454	294		168	108		0	1	0	18,266	3,447	0
Nebraska	1,951	450		1,607	188		266	35		0	0	0	3,493	3,927	0
Nevada	N/A	N/A		N/A	N/A		N/A	N/A		0	0	0	14,649	4,639	0
New Hampshire	167	62	4	53	27	1	18	12		2,423	578	7,495	2,423	578	7,495
New Jersey	2,008	421		1,020	184		225	49		0	0	0	1,969	791	46
New Mexico	N/A	N/A		N/A	N/A		N/A	N/A	215	27	11	8	20,263	5,418	0
New York	8,793	3,252		7,494	2,846		2,199	406		21	5	0	9,316	2,188	14
North Carolina	2,930	447		1,545	305		413	67		N/A	N/A	10,360	109,916	40,654	0
North Dakota	94	24		41	7		17	2		0	0	0	16,442	2,917	0
Ohio	1,470	444		706	214		178	66		0	0	0	829	322	0
Oklahoma	750	167		377	68		118	13		0	0	0	14,412	4,352	0
Oregon	N/A	N/A	2,974	N/A	N/A	2,974	N/A	N/A	421	N/A	N/A	1,252	5,733	1,465	1,252
Pennsylvania	3,681	765		1,801	358		517	114		0	0	0	23,532	7,114	0
Puerto Rico	N/A	N/A		N/A	N/A		N/A	N/A		0	0	0	31,712	7,840	0
Rhode Island	153	52		94	14		18	6		N/A	N/A	3,229	3,048	161	0
South Carolina	2,513	902	73	1,247	211	40	484	81	5	3,222	495	0	5,072	1,130	0
South Dakota	369	110		200	71		88	22		N/A	N/A	49	19,709	6,011	930
Tennessee	675	194		375	63		101	15		0	0	0	3,389	1,480	0
Texas	674	120		311	45		67	8		0	0	0	6,373	1,862	0
Utah	1,200	159		634	67		142	13		N/A	N/A	19,436	4,982	1,557	19,436
Vermont	263	84		147	36		31	20		0	0	0	1,557	1,557	0
Virginia	5,254	802		2,477	402		683	104		92	11	0	9,942	1,624	0
Washington	N/A	N/A	3,174	N/A	N/A	3,500	N/A	N/A	1,063	14	6	0	2,624	1,024	0
West Virginia	803	183		479	88		148	26		0	0	0	36,392	6,322	0
Wisconsin	N/A	N/A		N/A	N/A		1,552	446		0	0	0	N/A	N/A	38,484
Wyoming	606	284		357	182		N/A	N/A		0	0	0	7,606	1,620	0
TOTALS	91,018	18,823	17,723	49,476	10,264	10,211	16,717	3,235	3,371	101,903	26,221	61,522	973,242	252,860	91,371

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = Alcohol client admissions data are estimated.

B = 65 and over category represents age 60 and over.

C = Alcohol and drug client admissions are combined; approximately 76% of total admissions are alcohol and 24% drug. Also, estimates are provided for the four age groups from 25 to 64.

D = 55 - 64 category represents age 55 and over.

E = All client admissions data are for calendar year 1986 and are estimated.

F = Alcohol and drug client admissions are combined.

N/A = Information not available.

NR = Not Reported

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

TABLE 12

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY
AND STATE FOR FISCAL YEAR 1987

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	3,959	1,300	N/A	N/A	N/A	8	137	5,404
Alaska	4,525	152	106	23	4,145	0	0	8,951
Arizona	12,131	735	2,901	N/A	4,724	84	55	20,630
Arkansas	6,385	1,387	N/A	N/A	N/A	N/A	66	7,838
California	83,150	24,400	12,350	750	3,400	150	0	124,200 A
Colorado	28,116	2,103	9,276	N/A	1,608	124	10,890	52,117
Connecticut	9,801	2,607	1,162	N/A	N/A	38	2	13,610
Delaware	3,001	971	81	N/A	N/A	N/A	12	4,065
District of Col	392	4,930	112	46	16	57	50	5,603
Florida	50,034	9,626	2,782	50	169	0	0	62,661
Georgia	27,648	13,366	72	21	28	45	0	41,180
Guam	10	2	0	28	0	0	0	40
Hawaii	542	26	47	354	10	0	77	1,056
Idaho	4,340	23	355	0	219	0	0	4,937
Illinois	44,160	19,933	3,766	52	293	277	639	69,140
Indiana	10,873	1,978	137	10	10	33	0	13,041
Iowa	17,163	491	245	27	236	32	214	18,408
Kansas	8,230	1,188	607	25	464	22	32	10,568
Kentucky	11,251	949	2	N/A	N/A	N/A	1,106	13,308
Louisiana	4,357	2,071	152	13	17	0	0	6,610
Maine	17,431	75	N/A	19	1,075	N/A	264	18,864 B
Maryland	13,541	6,380	152	32	55	0	0	20,160
Massachusetts	75,828	6,311	2,752	98	296	1,556	15	86,856
Michigan	30,283	5,508	771	33	723	62	97	37,477
Minnesota	29,665	2,634	853	58	9,573	63	1,013	43,859
Mississippi	4,435	2,574	N/A	N/A	81	11	33	7,134
Missouri	15,897	5,410	173	19	214	0	0	21,713
Montana	7,741	23	121	9	1,521	5	0	9,420
Nebraska	14,114	901	614	14	3,599	32	14	19,288
Nevada	2,631	161	98	4	95	12	7,495	10,496
New Hampshire	2,746	10	9	4	13	1	33	2,806
New Jersey	16,025	7,629	1,905	57	51	0	14	25,681
New Mexico	3,425	172	5,051	12	2,840	18	0	11,518
New York	102,387	32,373	13,351	452	1,054	753	0	150,570 C
North Carolina	13,023	5,954	18	N/A	336	17	11	19,359
North Dakota	1,029	3	2	0	99	2	16	1,151
Ohio	14,749	3,734	226	19	37	0	0	18,765
Oklahoma	5,451	612	130	6	977	25	1,249	8,450
Oregon	25,097	927	1,522	92	3,010	0	0	30,648
Pennsylvania	28,650	9,958	843	23	78	0	0	39,552
Puerto Rico	N/A	N/A	3,229	N/A	N/A	N/A	N/A	3,229
Rhode Island	2,299	109	24	4	8	53	3,695	6,192
South Carolina	17,477	6,981	71	15	34	2	70	24,650
South Dakota	3,678	19	0	0	1,121	51	0	4,869
Tennessee	6,945	1,252	2	3	14	19	0	8,235
Texas	4,161	1,140	1,196	4	36	0	19,438	25,975
Utah	8,604	214	1,147	75	1,183	146	197	11,566
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	3,648	3,648
Virginia	27,337	11,533	427	128	43	N/A	3,246	42,714
Washington	31,231	2372	1,732	196	2,678	121	2,722	38,484
West Virginia	8,682	536	5	1	2	0	0	9,226
Wisconsin	47,632	3,382	853	73	1,083	0	11,493	64,516
Wyoming	5,839	211	703	N/A	N/A	N/A	282	7,035 D
TOTALS	918,101	204,954	72,333	2,653	47,268	3,819	68,345	1,317,473
PERCENT OF TOTAL	69.7%	15.6%	5.5%	.2%	3.6%	.3%	5.2%	100.0%

A = Alcohol client admissions data are estimated.

B = Alcohol and drug client admissions are combined; approximately 76% of total admissions are alcohol and 24% drug.

C = All client admissions data are for calendar year 1986 and are estimated.

D = Alcohol and drug admissions are combined.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

<u>Race/Ethnicity</u>	<u>Percent of Admissions</u>
White not of Hispanic origin	69.7%
Black, not of Hispanic origin	15.6%
Hispanic	5.5%
Asian of Pacific Islander	.2%
Native American (American Indian or Alaskan Native)	3.6%
Other	.3%
Not Reported	5.2%

Since some of the State Agencies reported data in some categories but not in others caution should be exercised in the interpretation and use of the percent information noted above for both age and race/ethnicity.

2. Client Admissions to Treatment Services for Drug Abuse and Dependency (Tables 13, 14, 15, 16, 17, 18)

This subsection includes client data organized under three topic headings including:

- o Client admissions data by environment and modality;
- o Client admissions data by sex, age and race/ethnicity; and
- o Client admissions data by primary drug of abuse.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Modality

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide data on the "number of DRUG treatment client admissions" in all units which received at least "some funds administered by the State Drug Agency during the State's FY 1987". The information requested included client admissions data organized by environment (hospital, residential, or outpatient) and by modality (detoxification, maintenance, or drug-free) (See Table 13).

A total of 47 State Agencies, the District of Columbia, Guam and Puerto Rico provided at least partial data on drug client treatment admissions by modality and environment. The total of drug client treatment admissions during FY 1987 for these State Agencies was 450,553. Of the drug client admissions, 30,251 (6.7%) were to hospitals, 83,542 (18.5%) to residential facilities, 315,328 (70.0%) to outpatient programs and 21,432 (4.8%) admissions were not specified as to environment.

TABLE 13

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NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1987

STATE	DETOXIFICATION				MAINTENANCE			
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	0	0	0	0	0	0	0	0
Alaska	0	0	20	20	0	0	125	125
Arizona	6	164	57	227	0	0	1,085	1,085
Arkansas	0	145	0	145	0	0	0	0
California	0	1,456	22,344	23,800	0	16	4,955	4,971 A
Colorado	0	0	N/A	0	N/A	N/A	773	773 B
Connecticut	803	0	694	1,497	0	7	581	588
Delaware	872	0	0	872	0	0	181	181
District of Col	206	0	703	909	0	0	590	590
Florida	0	799	133	932	0	0	1,599	1,599
Georgia	1,940	2,273	9	4,222	0	0	619	619
Guam	0	0	0	0	0	0	0	0
Hawaii	0	0	37	37	0	0	6	6
Idaho	0	167	0	167	0	0	0	0
Illinois	N/A	N/A	N/A	N/A	N/A	131	1,943	2,074
Indiana	0	1,748	0	1,748	0	0	275	275
Iowa	0	4	61	65	0	1	118	119
Kansas	21	682	0	703	0	0	0	0
Kentucky	229	428	0	657	0	0	93	93
Louisiana	7	345	0	352	0	0	0	0
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Maryland	11	1	1,117	1,129	12	0	1,929	1,941
Massachusetts	0	1,523	0	1,523	0	0	1,678	1,678
Michigan	0	2,098	108	2,206	0	0	1,409	1,409
Minnesota	0	0	0	0	0	0	12	12
Mississippi	0	0	3	3	0	0	0	0
Missouri	21	819	7	847	0	0	337	337
Montana	190	6	0	196	0	0	0	0
Nebraska	32	112	0	144	0	0	68	68
Nevada	0	300	0	300	0	0	290	290
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	60	524	4,878	5,462	0	0	1,514	1,514
New Mexico	0	120	0	120	0	0	276	276
New York	386	0	1,555	1,941	0	747	11,811	12,558 D
North Carolina	0	0	121	121	0	0	22	22
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	0	32	0	32	0	0	702	702
Pennsylvania	5,367	1,330	11	6,708	0	0	2,002	2,002
Puerto Rico	0	2,094	283	2,377	0	0	2,022	2,022
Rhode Island	323	0	100	423	0	0	340	340
South Carolina	0	1,231	68	1,299	0	0	40	40
South Dakota	0	213	0	213	0	0	0	0
Tennessee	0	36	0	36	0	0	366	366
Texas	0	2,649	16	2,665	4	1	2,538	2,543
Utah	6	155	13	174	0	28	166	194
Vermont	0	92	0	92	0	0	0	0
Virginia	249	983	N/A	1,232	N/A	N/A	500	500
Washington	0	700	0	700	0	0	1,858	1,858
West Virginia	0	0	0	0	0	0	0	0
Wisconsin	562	79	0	641	172	0	436	608
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A E
TOTALS	11,291	23,308	32,338	66,900	188	931	42,486	43,599
PERCENT OF TOTAL	16.9%	34.8%	48.3%	100.1%	.4%	2.1%	97.4%	100.0%

See footnotes at the bottom of next page.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 13

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NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1987

STATE	DRUG FREE				TOTALS				
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	NOT REPORTED	TOTAL
Alabama	0	286	1,987	2,273	0	286	1,987	0	2,273
Alaska	0	647	584	1,231	0	647	729	0	1,376
Arizona	0	743	4,228	4,971	6	907	5,370	0	6,283
Arkansas	0	878	1,372	2,250	0	1,023	1,372	0	2,395
California	0	5,585	24,024	29,609	0	7,057	51,323	584	58,964
Colorado	0	284	2,611	2,895	0	284	3,384	0	3,668
Connecticut	0	1,111	2,231	3,342	803	1,118	3,506	0	5,427
Delaware	0	90	826	916	872	90	1,007	0	1,969
District of Col	0	403	2,400	2,803	206	403	3,693	0	4,302
Florida	0	2,797	7,991	10,788	0	3,596	9,723	0	13,319
Georgia	0	1,315	9,767	11,082	1,940	3,588	10,395	0	15,923
Guam	0	0	21	21	0	0	21	0	21
Hawaii	0	136	335	471	0	136	378	0	514
Idaho	0	228	1,137	1,365	0	395	1,137	0	1,532
Illinois	N/A	1,969	4,478	6,447	N/A	2,100	6,421	0	8,521
Indiana	265	783	2,326	3,374	265	2,531	2,601	0	5,397
Iowa	0	457	3,688	4,145	0	462	3,867	0	4,329
Kansas	0	711	1,373	2,084	21	1,393	1,373	0	2,787
Kentucky	0	550	2,477	3,027	229	978	2,570	0	3,777
Louisiana	0	236	2,834	3,070	7	581	2,834	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	3	664	12,537	13,204	26	665	15,583	0	16,274
Massachusetts	9,231	1,157	10,982	10,388	9,231	2,680	1,678	0	13,589
Michigan	0	4,775	10,982	15,757	0	6,873	12,499	0	19,372
Minnesota	1,779	1,519	712	4,010	1,779	1,519	724	0	4,022
Mississippi	506	54	749	1,309	506	54	752	0	1,312
Missouri	0	1,996	3,367	5,363	21	2,815	3,711	0	6,547
Montana	292	246	1,132	1,670	482	252	1,132	0	1,866
Nebraska	83	590	1,152	1,825	115	702	1,220	0	2,037
Nevada	0	448	360	808	0	748	650	0	1,398
New Hampshire	0	92	659	751	0	92	659	0	751
New Jersey	0	1,115	5,047	6,162	60	1,639	11,439	0	13,138
New Mexico	0	93	1,458	1,551	0	213	1,734	0	1,947
New York	0	9,842	48,987	58,829	386	10,589	62,353	0	73,328
North Carolina	0	394	3,012	3,406	0	394	3,155	0	3,549
North Dakota	N/A	N/A	890	890	N/A	N/A	890	0	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	N/A	N/A	N/A	N/A	267	1,634	2,003	0	3,904
Oregon	0	725	3,765	4,490	0	757	4,467	0	5,224
Pennsylvania	981	5,576	12,128	18,685	6,348	6,906	14,141	0	27,395
Puerto Rico	0	1,853	5,085	6,938	0	3,947	7,390	0	11,337
Rhode Island	0	156	1,759	1,915	323	156	2,199	0	2,678
South Carolina	296	136	3,474	3,906	296	1,367	3,582	0	5,245
South Dakota	0	0	1,171	1,171	0	213	1,171	0	1,384
Tennessee	666	1,265	2,715	4,646	666	1,301	3,081	0	5,048
Texas	3,743	2,992	14,886	21,621	3,747	5,642	17,440	0	26,829
Utah	0	569	1,285	1,854	6	752	1,464	0	2,222
Vermont	0	114	1,020	1,134	0	206	1,020	0	1,226
Virginia	481	678	8,121	9,280	730	1,661	8,621	0	11,012
Washington	0	699	5,548	6,247	0	1,399	7,406	0	8,805
West Virginia	179	381	933	1,493	179	381	933	0	1,493
Wisconsin	0	331	8,104	8,435	734	410	8,540	0	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	18,505	57,669	237,728	313,902	30,251	83,542	315,328	21,432	450,553
PERCENT OF TOTAL	5.9%	18.4%	75.7%	100.0%	6.7%	18.5%	70.0%	4.8%	100.0%

A = The Not Reported column includes clients in other modalities including naltrexon programs.

B = Colorado's outpatient detoxification client admissions are included within the outpatient maintenance category.

C = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

D = New York's Drug Maintenance category does not include 2,708 methadone admissions to non-funded programs.

E = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received funds administered by the State Drug Agency" during Fiscal Year 1987.

In terms of treatment modality, 66,900 drug client admissions were for detoxification, 43,599 for maintenance and 313,902 for drug-free types of treatment services. Within each of these three types of treatment modalities, the type of environment most often utilized was outpatient. The outpatient environment was utilized for 48.3 percent of the detoxification admissions, 97.4 percent of the maintenance admissions, and 75.7 percent of the drug-free admissions.

In interpreting the client admissions data, it is important to note that the figures include only those programs that received some State Drug Agency funds. The data do not include facilities that received no State Drug Agency administered funds during FY 1987. It is also important to note that some States were not able to report the information in the format requested.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide data on "the number of DRUG treatment client admissions during FY 1987" in all units "which received some funds administered by the State Drug Agency" in each of a number of specific sex, age and race/ethnicity categories.

Forty-eight States, the District of Columbia and Puerto Rico reported drug client admissions data by sex (See Table 14). Overall 61.3 percent of the drug client admissions were male, 31.2 percent were female, and data on sex were not reported for 7.5 percent of the drug client admissions.

Forty-three State Agencies, the District of Columbia, Guam and Puerto Rico provided at least partial information on drug client admissions by age (See Table 15). The proportions of client admissions that fell within the age-range categories requested were as follows:

<u>Age</u>	<u>Percent of Admissions</u>
Under 18	14.3%
18-20	7.2%
21-24	12.3%
25-34	33.5%
35-44	12.6%
45-54	2.3%
55-64	.7%
65 and over	.3%
Not reported	16.8%

However, these specific percents should be interpreted with caution since several States reported admissions by some but not all of the age categories specified.

TABLE 14
NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS
BY SEX AND STATE FOR FISCAL YEAR 1987

STATE	SEX			TOTAL
	MALE	FEMALE	NOT REPORTED	
Alabama	1,383	890	0	2,273
Alaska	1,031	345	0	1,376
Arizona	4,059	2,224	0	6,283
Arkansas	1,732	663	0	2,395
California	35,805	23,159	0	58,964
Colorado	2,493	1,078	97	3,668
Connecticut	3,883	1,544	0	5,427
Delaware	1,434	535	0	1,969
District of Col	3,270	1,032	0	4,302
Florida	9,780	3,539	0	13,319
Georgia	11,184	4,739	0	15,923
Guam	N/A	N/A	21	21
Hawaii	382	132	0	514
Idaho	905	627	0	1,532
Illinois	5,901	2,508	112	8,521
Indiana	4,123	1,274	0	5,397
Iowa	2,918	1,411	0	4,329
Kansas	2,134	653	0	2,787
Kentucky	2,758	1,019	0	3,777
Louisiana	2,369	1,053	0	3,422
Maine	N/A	N/A	N/A	N/A A
Maryland	12,644	3,630	0	16,274
Massachusetts	8,867	4,722	0	13,589
Michigan	11,924	7,315	133	19,372
Minnesota	3,046	976	0	4,022
Mississippi	921	369	22	1,312
Missouri	4,946	1,601	0	6,547
Montana	1,284	582	0	1,866
Nebraska	1,245	792	0	2,037
Nevada	840	558	0	1,398
New Hampshire	496	244	11	751
New Jersey	9,257	3,881	0	13,138
New Mexico	1,344	594	9	1,947
New York	43,374	29,954	0	73,328
North Carolina	2,551	998	0	3,549
North Dakota	631	259	0	890
Ohio	14,106	6,742	0	20,848
Oklahoma	2,105	1,262	537	3,904
Oregon	3,178	2,046	0	5,224
Pennsylvania	17,894	9,501	0	27,395
Puerto Rico	2,398	229	8,710	11,337
Rhode Island	1,741	937	0	2,678
South Carolina	3,638	1,607	0	5,245
South Dakota	1,018	366	0	1,384
Tennessee	3,112	1,936	0	5,048
Texas	4,813	1,487	20,529	26,829
Utah	1,501	664	57	2,222
Vermont	797	429	0	1,226
Virginia	7,756	3,256	0	11,012
Washington	5,468	3,337	0	8,805
West Virginia	1,044	449	0	1,493
Wisconsin	4,667	1,527	3,490	9,684
Wyoming	N/A	N/A	N/A	N/A B
TOTALS	276,150	140,675	33,728	450,553
PERCENT OF TOTAL	61.3%	31.2%	7.5%	100.0%

A = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

B = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 15

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1987

STATE	UNDER							AGE 65 NOT		TOTAL
	AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AND OVER	REPORTED	
Alabama	85	149	211	851	397	80	47	73	380	2,273
Alaska	194	151	316	426	192	78	15	4	0	1,376
Arizona	1,029	692	692	1,780	1,780	126	126	44	14	6,283
Arkansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,395	2,395
California	3,860	4,167	8,683	28,104	11,523	2,060	507	60	0	58,964
Colorado	376	319	489	1,564	655	122	32	14	97	3,668
Connecticut	558	271	1,012	2,522	889	N/A	N/A	25	150	5,427 A
Delaware	170	167	327	875	347	57	16	10	0	1,969
District of Col	0	301	516	1,634	1,075	645	86	45	0	4,302
Florida	2,529	1,330	2,263	5,460	1,464	188	63	22	0	13,319
Georgia	738	1,201	2,960	7,776	2,389	572	216	71	0	15,923
Guam	0	6	10	2	3	0	0	0	0	21
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	514	514
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,532	1,532
Illinois	1,648	N/A	N/A	N/A	N/A	N/A	N/A	11	6,862	8,521
Indiana	422	418	765	1,821	1,160	521	241	49	0	5,397
Iowa	606	671	740	1,579	494	90	30	38	81	4,129
Kansas	190	294	604	1,331	330	26	3	9	0	2,787
Kentucky	267	408	528	1,391	520	211	24	176	252	3,777
Louisiana	594	274	572	1,381	409	131	48	13	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
Maryland	2,162	1,554	3,007	6,834	2,299	340	67	11	0	16,274
Massachusetts	1,861	1,011	2,120	6,168	2,027	304	77	21	0	13,589
Michigan	1,962	1,176	2,475	8,805	3,780	703	228	110	133	19,372
Minnesota	89	470	957	1,854	539	83	20	10	0	4,022
Mississippi	53	103	240	557	211	76	39	11	22	1,312
Missouri	336	789	1,520	2,986	758	127	24	6	1	6,547
Montana	324	270	382	359	468	35	23	5	0	1,866
Nebraska	394	230	333	749	233	58	30	10	0	2,037
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,398	1,398
New Hampshire	119	92	138	287	82	11	1	2	19	751
New Jersey	814	918	1,956	6,749	2,456	197	42	6	0	13,138
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,947	1,947
New York	31,083	7,379	7,178	19,067	7,181	1,088	166	29	157	73,328
North Carolina	372	347	555	1,714	487	46	15	13	0	3,549
North Dakota	96	134	169	302	114	40	23	11	1	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	355	343	675	1,485	410	71	24	4	337	3,904
Oregon	956	479	717	1,785	979	152	152	4	0	5,224
Pennsylvania	2,655	2,259	4,273	12,378	4,707	810	249	64	0	27,395
Puerto Rico	222	252	658	1,183	267	29	15	1	8,710	11,337
Rhode Island	324	215	432	1,314	339	45	5	4	0	2,678
South Carolina	998	449	769	2,166	668	115	33	47	0	5,245
South Dakota	330	175	254	450	131	34	9	1	0	1,384
Tennessee	556	463	871	2,288	647	130	62	31	0	5,048
Texas	800	510	1,128	2,732	915	175	36	4	20,529	26,829
Utah	246	207	390	895	323	59	29	8	65	2,222
Vermont	123	196	221	368	195	115	4	4	0	1,226
Virginia	1,531	942	1,747	5,014	1,438	198	65	77	0	11,012
Washington	1,619	666	1,259	3,555	1,426	218	39	23	0	8,805
West Virginia	433	133	194	455	174	66	22	16	0	1,493
Wisconsin	345	N/A	N/A	N/A	N/A	N/A	N/A	257	9,082	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
TOTALS	64,424	32,581	55,306	150,996	56,881	10,232	2,953	1,454	75,726	450,553
PERCENT OF TOTAL	14.3%	7.2%	12.3%	33.5%	12.6%	2.3%	.7%	.3%	16.8%	100.0%

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = 65 and over category represents age 60 and over.

B = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

C = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

In comparing total drug admissions by age with total alcohol client admissions, it is clear that the drug clients tend to be much younger, while the alcohol clients tend to be older (e.g., 21.5% of drug clients are under 21 years of age compared to only 8.2% of alcohol clients).

With regard to drug client treatment admissions by age and sex, a total of 39 States, the District of Columbia and Puerto Rico provided at least partial data according to the age categories specified (See Table 16). A number of States encountered problems in reporting client admissions data by age and sex combined. The increased male ratio with increased age did not appear as strongly as with alcoholism clients. In fact, male drug client admissions represented 61.5 percent of those over age 65, while male alcohol client admissions represented 83.8 percent of alcohol admissions over age 65.

With regard to drug client treatment admissions information by race/ethnicity, a total of 46 States, the District of Columbia, Guam and Puerto Rico provided at least partial data (See Table 17). Among the States reporting data, the percents of client admissions that fell within the race/ethnicity categories specified were as follows:

<u>Race/Ethnicity</u>	<u>Percent of Admissions</u>
White, not of Hispanic origin	48.3%
Black, not of Hispanic origin	20.7%
Hispanic	9.8%
Asian or Pacific Islander	.4%
Native American (American Indian or Alaskan Native)	.9%
Other	.2%
Not Reported	19.8%

A comparison of total drug client admissions with total alcohol client admissions in terms of race/ethnicity, indicates that drug clients include a higher proportion of Blacks, Hispanics, and Asian or Pacific Islanders. The alcohol clients include more Whites (69.7 percent compared to 48.3 percent among drug clients) and Native Americans (3.6 percent as compared to .9 percent among drug client admissions).

c. Client Admissions Data by Primary Drug of Abuse

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide information on the number of client admissions by the primary drug of abuse. Forty-one States, the District of Columbia, Guam and Puerto Rico provided at least partial data in response to this question (See Table 18). The totals indicate that, overall, heroin admissions

TABLE 16

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NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	UNDER AGE 18			18 TO 20			21 TO 24			25 TO 34			35 TO 44		
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR
Alabama	50	35	0	103	46	0	138	73	0	527	324	0	252	145	0
Alaska	146	48	0	113	38	0	237	79	0	319	107	0	144	48	0
Arizona	698	331	0	486	206	0	486	206	0	1,095	685	0	1,095	685	0
Arkansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
California	2,714	1,146	0	2,613	1,554	0	4,782	3,901	0	15,755	13,349	0	7,862	3,661	0
Colorado	274	102	0	244	75	0	329	160	0	1,052	512	0	459	196	0
Connecticut	414	144	0	208	63	0	684	328	0	1,790	732	0	665	224	0
Delaware	133	37	0	143	24	0	232	95	0	594	281	0	272	75	0
District of Col	0	0	0	234	67	0	294	222	0	1,274	360	0	849	226	0
Florida	1,864	665	0	1,045	265	0	1,731	532	0	3,862	1,598	0	1,065	399	0
Georgia	537	201	0	877	324	0	2,039	921	0	5,394	2,382	0	1,778	611	0
Guam	N/A	N/A	0	N/A	N/A	4	N/A	N/A	10	N/A	N/A	2	N/A	N/A	3
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	1,161	487	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	N/A	N/A	422	N/A	N/A	418	N/A	N/A	765	N/A	N/A	1,821	N/A	N/A	1,160
Iowa	399	207	0	477	194	0	523	217	0	1,085	494	0	326	168	0
Kansas	154	36	0	230	64	0	457	147	0	1,022	309	0	248	82	0
Kentucky	197	70	0	309	99	0	401	127	0	1,000	391	0	372	148	0
Louisiana	368	226	0	196	78	0	419	153	0	989	392	0	275	134	0
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	1,536	626	0	1,334	220	0	2,391	616	0	5,233	1,601	0	1,804	495	0
Massachusetts	1,146	715	0	712	299	0	1,370	750	0	4,053	2,115	0	1,346	681	0
Michigan	1,249	713	0	851	325	0	1,631	844	0	5,435	3,370	0	2,308	1,472	0
Minnesota	53	36	0	352	118	0	707	250	0	1,420	434	0	433	106	0
Mississippi	32	21	0	75	28	0	179	61	0	390	147	0	150	61	0
Missouri	234	102	0	605	184	0	1,204	316	0	2,209	777	0	563	195	0
Montana	235	89	0	196	74	0	246	114	0	229	130	0	326	142	0
Nebraska	268	126	0	156	74	0	228	105	0	431	318	0	130	103	0
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	74	45	0	61	31	0	89	48	1	195	90	2	60	22	0
New Jersey	654	160	0	654	264	0	1,346	610	0	4,308	2,241	0	1,904	552	0
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	15,375	15,708	0	4,416	2,963	0	4,491	2,647	0	12,473	6,594	0	5,489	1,692	0
North Carolina	292	80	0	255	92	0	383	172	0	1,202	512	0	377	110	0
North Dakota	50	46	0	302	32	0	125	44	0	211	91	0	83	31	0
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	245	110	0	244	99	0	432	243	0	884	599	0	257	153	0
Oregon	N/A	N/A	956	N/A	N/A	479	N/A	N/A	717	N/A	N/A	1,785	N/A	N/A	979
Pennsylvania	1,809	846	0	1,575	684	0	2,602	1,671	0	8,087	4,291	0	3,231	1,476	0
Puerto Rico	210	12	0	232	20	0	601	57	0	1,055	128	0	257	10	0
Rhode Island	201	123	0	159	56	0	279	153	0	838	476	0	235	104	0
South Carolina	664	334	0	341	108	0	528	241	0	1,524	642	0	472	196	0
South Dakota	200	130	0	136	39	0	208	46	0	354	96	0	94	37	0
Tennessee	385	171	0	332	131	0	365	306	0	1,382	906	0	365	282	0
Texas	607	193	0	404	106	0	841	287	0	2,047	685	0	735	180	0
Utah	175	71	0	149	58	0	266	124	0	605	290	0	224	99	0
Vermont	80	43	0	146	50	0	149	72	0	245	123	0	99	96	0
Virginia	1,190	341	0	749	193	0	1,168	579	0	3,350	1,664	0	1,047	391	0
Washington	N/A	N/A	1,619	N/A	N/A	666	N/A	N/A	1,259	N/A	N/A	3,555	N/A	N/A	1,426
West Virginia	304	129	0	97	36	0	143	51	0	319	136	0	115	59	0
Wisconsin	211	134	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	36,588	24,839	2,997	21,631	9,381	1,569	34,944	17,610	2,752	94,439	49,392	7,165	37,766	15,547	3,568

A number of the States which have the N/A designation collect age related information but not in these specific categories.

N/A = Information not available.

NR = Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

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NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	45 to 54			55 to 64			65 and OVER			AGE NOT REPORTED			TOTALS			TOTAL
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	
Alabama	38	42	0	24	23	0	19	54	0	232	148	0	1,383	890	0	2,273
Alaska	58	20	0	11	4	0	3	1	0	0	0	0	1,031	345	0	1,376
Arizona	80	46	0	80	46	0	29	15	0	10	4	0	4,059	2,224	0	6,283
Arkansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,395	1,732	663	0	2,395
California	1,604	456	0	423	84	0	52	8	0	0	0	0	35,805	23,159	0	58,964
Colorado	95	27	0	30	2	0	10	4	0	N/A	N/A	97	2,493	1,078	97	3,668
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	19	6	0	103	47	0	3,883	1,544	0	5,427 A
Delaware	46	11	0	7	9	0	7	3	0	0	0	0	1,434	535	0	1,969
District of Col	509	136	0	68	18	0	42	3	0	0	0	0	3,270	1,032	0	4,302
Florida	133	55	0	44	19	0	16	6	0	0	0	0	9,780	3,539	0	13,319
Georgia	368	204	0	137	79	0	54	17	0	0	0	0	11,184	4,739	0	15,923
Guam	0	0	0	0	0	0	0	0	0	0	0	0	N/A	N/A	21	21
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	382	132	0	382	132	0	514
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	905	627	0	905	627	0	1,532
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	11	0	0	4,729	2,021	112	5,901	2,508	112	8,521
Indiana	N/A	N/A	521	N/A	N/A	241	N/A	N/A	49	0	0	0	4,123	1,274	0	5,397
Iowa	40	50	0	8	22	0	19	19	0	41	40	0	2,918	1,411	0	4,329
Kansas	17	9	0	1	2	0	5	4	0	0	0	0	2,134	653	0	2,787
Kentucky	156	55	0	17	7	0	122	54	0	184	68	0	2,758	1,019	0	3,777
Louisiana	86	45	0	28	20	0	8	5	0	0	0	0	2,169	1,053	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
Maryland	282	58	0	56	11	0	8	3	0	0	0	0	12,644	3,630	0	16,274
Massachusetts	187	117	0	43	34	0	10	11	0	0	0	0	8,867	4,722	0	13,589
Michigan	328	375	0	79	149	0	43	67	0	N/A	N/A	133	11,924	7,315	133	19,372
Minnesota	61	22	0	16	4	0	4	6	0	0	0	0	3,046	976	0	4,022
Mississippi	57	19	0	30	9	0	8	3	0	N/A	N/A	22	921	369	22	1,312
Missouri	107	20	0	18	6	0	5	1	0	1	0	0	4,945	1,601	1	6,547
Montana	18	17	0	12	11	0	2	3	0	0	0	0	1,284	582	0	1,866
Nebraska	23	35	0	8	22	0	1	9	0	0	0	0	1,245	792	0	2,037
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	840	558	0	840	558	0	1,398
New Hampshire	7	3	1	0	1	0	0	2	0	10	2	7	496	244	11	751
New Jersey	156	41	0	31	11	0	4	2	0	0	0	0	9,257	3,881	0	13,138
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,947	1,344	594	9	1,947
New York	889	199	0	128	38	0	21	8	0	92	65	0	43,374	29,954	0	73,328
North Carolina	30	16	0	8	7	0	4	9	0	0	0	0	2,551	998	0	3,549
North Dakota	32	8	0	20	3	0	8	3	0	0	1	0	631	259	0	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,848	14,106	6,742	0	20,848
Oklahoma	33	38	0	7	17	0	1	3	0	N/A	N/A	537	2,105	1,262	537	3,904
Oregon	N/A	N/A	152	N/A	N/A	152	N/A	N/A	4	N/A	N/A	N/A	3,178	2,046	0	5,224
Pennsylvania	464	346	0	105	144	0	21	43	0	0	0	0	17,894	9,501	0	27,395
Puerto Rico	27	2	0	15	0	0	1	0	0	N/A	N/A	8,710	2,398	229	8,710	11,337
Rhode Island	24	21	0	3	2	0	2	2	0	0	0	0	1,741	937	0	2,678
South Carolina	63	52	0	15	18	0	31	16	0	0	0	0	3,638	1,607	0	5,245
South Dakota	22	12	0	3	6	0	1	0	0	0	0	0	1,018	366	0	1,384
Tennessee	48	82	0	23	39	0	12	19	0	0	0	0	3,112	1,936	0	5,048
Texas	147	28	0	29	7	0	3	1	0	N/A	N/A	20,529	4,813	1,487	20,529	26,829
Utah	47	12	0	24	5	0	7	1	0	4	4	57	1,501	664	57	2,222
Vermont	74	41	0	3	1	0	1	3	0	0	0	0	797	429	0	1,226
Virginia	154	44	0	54	11	0	44	33	0	0	0	0	7,756	3,256	0	11,012
Washington	N/A	N/A	218	N/A	N/A	39	N/A	N/A	23	0	0	0	N/A	N/A	8,805	8,805
West Virginia	45	21	0	13	9	0	8	8	0	0	0	0	1,044	449	0	1,493
Wisconsin	N/A	N/A	N/A	N/A	N/A	N/A	182	75	0	4,274	1,318	0	4,667	1,527	3,490	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
TOTALS	6,555	2,785	892	1,621	900	432	848	530	76	11,807	5,035	55,394	270,681	137,138	42,534	450,553

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = 65 and over category represents age 60 and over.

B = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

C = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

NR = Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 17

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY
AND STATE FOR FISCAL YEAR 1987

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	1,485	406	N/A	N/A	N/A	2	380	2,273
Alaska	1,018	130	31	5	192	0	0	1,376
Arizona	4,214	409	1,328	N/A	296	30	6	6,283
Arkansas	1,869	512	N/A	N/A	N/A	0	0	2,395
California	30,482	8,923	18,130	977	434	0	18	58,964
Colorado	2,500	250	750	N/A	36	35	97	3,668
Connecticut	3,028	1,464	905	N/A	N/A	29	1	5,427
Delaware	1,039	875	55	0	0	0	0	1,969
District of Col	344	3,828	86	6	10	0	28	4,302
Florida	8,657	3,063	1,199	21	31	0	348	13,319
Georgia	9,347	6,524	31	3	6	12	0	15,923
Guam	5	2	0	10	0	4	0	21
Hawaii	259	13	22	169	4	0	47	514
Idaho	1,463	8	40	0	21	0	0	1,532
Illinois	4,308	3,280	523	8	11	20	371	8,521
Indiana	4,500	818	56	5	5	13	0	5,397
Iowa	3,874	324	57	10	32	9	23	4,329
Kansas	2,039	616	70	3	40	6	13	2,787
Kentucky	3,158	347	2	N/A	N/A	1	269	3,777
Louisiana	2,101	1,228	79	7	7	0	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A A
Maryland	7,906	8,267	55	20	26	0	0	16,274
Massachusetts	10,215	1,885	1,298	30	30	131	0	13,589
Michigan	10,888	7,961	252	21	117	49	84	19,372
Minnesota	2,851	398	55	11	685	18	4	4,022
Mississippi	903	398	2	1	3	0	5	1,312
Missouri	4,262	2,216	36	4	29	0	0	6,547
Montana	1,607	17	31	6	198	7	0	1,866
Nebraska	1,728	154	52	4	92	6	1	2,037
Nevada	998	306	56	11	11	16	0	1,398
New Hampshire	716	14	7	0	2	1	11	751
New Jersey	7,068	4,296	1,725	24	23	0	2	13,138
New Mexico	736	56	907	4	229	15	0	1,947
New York	18,375	18,527	8,765	53	90	387	31,131	73,328
North Carolina	2,368	1,121	6	N/A	46	5	3	3,549
North Dakota	828	3	4	0	44	3	8	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	2,587	477	44	7	247	9	533	3,904
Oregon	4,638	262	125	24	175	0	0	5,224
Pennsylvania	17,148	9,020	1,144	42	41	0	0	27,395
Puerto Rico	2	0	2,624	0	1	0	8,710	11,337
Rhode Island	2,329	222	69	0	10	48	0	2,678
South Carolina	3,474	1,743	26	1	1	0	0	5,245
South Dakota	1,003	13	0	0	344	24	0	1,384
Tennessee	3,748	1,278	1	6	3	12	0	5,048
Texas	2,692	888	2,681	8	22	0	20,538	26,829
Utah	1,737	105	230	14	50	3	83	2,222
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	1,226	1,226
Virginia	7,048	3,973	110	33	11	0	837	11,012
Washington	7,044	1,158	281	92	230	0	0	8,805
West Virginia	1,391	101	0	0	1	0	0	1,493
Wisconsin	5,565	395	100	8	126	0	3,490	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
TOTALS	217,545	93,274	44,050	1,648	4,012	895	89,115	450,553
PERCENT OF TOTAL	48.3%	20.7%	9.8%	.4%	.9%	.2%	19.8%	100.0%

A = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

B = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 18

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NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE
AND STATE FOR FISCAL YEAR 1987

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	TRAMQUILIZERS	OTHER SEDATIVES/ HYPNOTICS	AMPHETAMINES	COCAINE
Alabama	346	N/A	N/A	22	N/A	N/A	45	289 A
Alaska	130	6	54	3	8	12	16	549
Arizona	1,799	19	193	46	79	53	344	1,565
Arkansas	274	N/A	N/A	73	99	94	270	448 B
California	32,301	67	641	124	167	116	4,499	12,066 C
Colorado	543	11	196	14	68	11	204	821
Connecticut	2,527	21	75	72	19	2	9	1,389 D
Delaware	397	10	25	6	32	6	197	731
District of Col	775	153	N/A	51	N/A	N/A	219	1,536
Florida	1,220	0	666	106	120	133	93	6,926
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guam	0	0	0	2	4	2	0	0
Hawaii	108	3	8	4	1	2	4	97
Idaho	60	3	37	7	16	10	189	233
Illinois	3,376	N/A	N/A	N/A	N/A	174	222	1,608 E
Indiana	190	N/A	242	N/A	600	600	552	700
Iowa	472	4	91	85	127	80	348	816
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky	73	0	159	142	110	46	109	275
Louisiana	52	9	204	73	74	58	165	1,273
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A F
Maryland	5,342	102	302	56	146	30	193	3,034 G
Massachusetts	5,206	39	356	48	145	41	52	3,309 H
Michigan	2,935	65	750	70	186	85	167	7,519
Minnesota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mississippi	10	3	46	18	33	28	31	192
Missouri	844	16	269	77	137	72	317	1,198
Montana	46	0	85	24	70	24	234	343
Nebraska	108	2	66	33	51	39	167	370
Nevada	378	9	35	10	13	10	143	607
New Hampshire	40	N/A	8	2	20	2	17	324
New Jersey	7,568	118	315	158	92	39	526	3,193
New Mexico	53	3	499	10	8	8	61	86
New York	15,812	527	477	158	352	146	231	13,899
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	246	17	172	78	94	62	527	485
Oregon	1,134	10	167	21	44	23	1,316	876
Pennsylvania	5,843	124	1,454	412	591	226	3,189	8,287
Puerto Rico	1,331	N/A	5	2	9	1	1	131
Rhode Island	745	43	123	28	115	31	57	1,010
South Carolina	485	7	249	85	159	62	117	2,055
South Dakota	2	N/A	5	N/A	7	8	25	40
Tennessee	88	7	758	129	95	130	99	1,194 I
Texas	1,736	6	118	67	19	37	1,034	925
Utah	441	5	150	43	41	25	165	557
Vermont	36	2	42	12	27	21	10	527
Virginia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Washington	2,709	37	303	28	69	50	298	1,534
West Virginia	28	5	188	75	137	65	61	253
Wisconsin	740	30	898	96	348	97	429	1,443
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	98,549	1,483	10,431	2,570	4,532	2,761	16,952	84,707

See footnotes at bottom of next page.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE
AND STATE FOR FISCAL YEAR 1987

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER- THE- COUNTER	OTHER	NOT REPORTED	TOTAL
Alabama	228	N/A	5	N/A	8	1,000	380	2,273 A
Alaska	521	0	24	8	0	5	0	1,376
Arizona	1,560	14	58	84	12	453	0	6,283
Arkansas	1,044	N/A	N/A	22	N/A	71	0	2,395 B
California	4,321	3,508	224	87	40	787	16	58,964 C
Colorado	1,221	4	72	55	14	296	97	3,668
Connecticut	408	1	20	2	1	682	199	5,427 D
Delaware	351	24	10	4	1	23	152	1,969
District of Col	N/A	1,239	N/A	N/A	N/A	N/A	329	4,302
Florida	3,884	2	52	40	10	67	0	13,319
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	15,923	15,923
Guam	10	0	0	0	0	3	0	21
Hawaii	136	0	1	2	0	4	144	514
Idaho	536	0	15	11	4	411	0	1,532
Illinois	2,497	N/A	108	N/A	N/A	536	0	8,521 E
Indiana	1,961	186	232	N/A	N/A	134	N/A	5,397
Iowa	2,126	5	86	37	7	45	0	4,329
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	2,787	2,787
Kentucky	679	222	45	14	29	1,696	178	3,777
Louisiana	1,356	57	21	13	13	53	1	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A F
Maryland	4,217	1,771	101	87	20	873	0	16,274 G
Massachusetts	1,651	53	104	15	14	2,556	0	13,589 H
Michigan	3,451	62	144	34	9	2,935	960	19,372
Minnesota	N/A	N/A	N/A	N/A	N/A	N/A	4,022	4,022
Mississippi	344	5	6	7	3	270	316	1,312
Missouri	2,978	347	76	65	12	139	0	6,547
Montana	937	8	48	25	0	22	0	1,866
Nebraska	841	3	50	35	3	269	0	2,037
Nevada	165	9	11	4	1	3	0	1,398
New Hampshire	285	1	16	N/A	N/A	23	13	751
New Jersey	710	145	145	13	13	103	0	13,138
New Mexico	530	8	11	37	2	325	306	1,947
New York	6,699	284	257	27	67	34,337	55	73,328
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	3,549	3,549
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	890	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	900	151	35	123	6	130	878	3,904
Oregon	1,528	7	40	46	3	8	1	5,224
Pennsylvania	3,924	173	230	81	40	166	2,655	27,395
Puerto Rico	1,114	N/A	1	32	N/A	N/A	8,710	11,337
Rhode Island	421	5	60	6	21	12	1	2,678
South Carolina	1,683	3	50	101	31	158	0	5,245
South Dakota	181	N/A	10	24	N/A	1,053	29	1,384
Tennessee	990	12	17	59	13	626	831	5,048 I
Texas	1,706	5	48	345	2	131	20,650	26,829
Utah	535	N/A	21	21	4	100	114	2,222
Vermont	417	N/A	15	N/A	6	3	108	1,226
Virginia	N/A	N/A	N/A	N/A	N/A	N/A	11,012	11,012
Washington	2,458	12	51	11	10	1,235	0	8,805
West Virginia	439	37	38	86	81	0	0	1,493
Wisconsin	1,797	91	165	30	30	0	3,490	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	63,740	8,454	2,723	1,734	530	51,743	99,644	450,553

A = Alabama's "Other" drug category includes mixed or polydrug abuse where a single primary drug of abuse is not specified.

B = Arkansas' drug treatment client admissions for "Non-Rx Methadone" and "Other Opiates/Synthetics" are included within its "Heroin" category and its admissions for "PCP", "Other Hallucinogens" and "Over-The-Counter" are included within the "Other" category.

C = California's "Other" drug category includes 685 drug treatment admissions where alcohol is the primary drug of abuse.

D = Connecticut's "Other" drug category includes 682 drug treatment admissions where alcohol is the primary drug of abuse.

E = Illinois' "Heroin" drug category includes all narcotics, the "Other Sedatives/Hypnotics" category includes all sedatives and hypnotics, and the "Other Hallucinogens" category includes all hallucinogens.

F = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

G = Maryland's "Other" drug category includes 800 drug treatment admissions where alcohol is the primary drug of abuse.

H = Massachusetts' "Other" drug category includes admissions where alcohol is the primary drug of abuse if other drugs are a secondary problem.

I = Tennessee's "Other" drug category includes 464 drug treatment admissions where alcohol is the primary drug of abuse.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

still constitute the primary drug of abuse for the highest number of treatment admissions during FY 1987, a total of 98,549 admissions. However, the total of cocaine admissions increased substantially and numbered 84,707. The third highest number of treatment admissions during FY 1987 by primary drug of abuse was for marijuana/hashish at 63,740 admissions. The fourth, fifth and sixth highest primary drugs of abuse related to treatment admissions were respectively, amphetamines at 16,952 admissions, other opiates/synthetics (beyond heroin and non treatment methadone) at 10,431 admissions and PCP at 8,454 admissions. Although the national statistics on primary drug of abuse as related to treatment admissions are as noted above, it is important to recognize that there exists tremendous variance among States as to the primary drug of abuse. For example, among the 44 States and Territories which reported relevant data, the findings with regard to the specific primary drug of abuse, excluding the other and not reported categories, the drugs which ranked highest in each State were as follows:

- o Marijuana/hashish was the primary drug of abuse related to treatment admissions within 18 States and Guam;
- o Cocaine was the primary drug of abuse related to treatment admissions within 12 States and the District of Columbia;
- o Heroin was the primary drug of abuse related to treatment admissions within 11 States and Puerto Rico; and
- o No other single drug of abuse was ranked first among treatment admissions in any State.

A careful review of Table 18 demonstrates that different States have very different drug abuse patterns, at least as related to the primary drug of abuse for client treatment admissions.

3. Comparisons of Client Admissions Data for Fiscal Years 1985, 1986 and 1987

This subsection includes comparisons of alcohol and drug client treatment admissions data reported for FY 1987 with that reported for FY 1985 and FY 1986. This material is organized under two topic headings as follows:

- o Comparisons of alcohol client admissions data; and
- o Comparisons of drug client admissions data.

Information on each of these areas is presented within the following paragraphs. Data analyses are included in this subsection only for those States that provided data for all three fiscal years.

a. Comparisons of Alcohol Client Admissions Data

For those State Agencies that provided alcohol client admissions information for FYs 1985, 1986 and 1987, a number of data comparisons were conducted. Forty-eight States, the District of Columbia and Puerto Rico were able to provide information for all three years. The total alcohol client treatment admissions for these State Agencies rose from 1,159,425 in FY 1985 to 1,212,552 in FY 1986 and to 1,301,948 in FY 1987, an increase of 142,523 admissions or nearly 12.3 percent over two years. However, there exists considerable variability in admissions levels across individual States.

Among the 50 States and Territories that provided data for all three years, admissions were down between FY 1985 and FY 1987 for 22 reporting entities, while admissions were up for 28 reporting entities. Also, among some of the States that reported major increases in alcohol client admissions from FY 1985 to FY 1987 (e.g., New York, Texas, and Virginia), the changes may be related as much to the utilization of more comprehensive and complete reporting systems as to actual increases in the numbers of clients admitted to services. Therefore, considerable caution should be exercised in the interpretation of these data.

b. Comparisons of Drug Client Admissions Data

A number of comparisons were conducted on data provided by those State Agencies that submitted drug client admissions information for FYs 1985, 1986 and 1987. Most of these analyses were similar to the alcohol client comparisons. Forty-seven States, the District of Columbia and Puerto Rico were able to provide some relevant information for all three years. The total drug client admissions figures for these State Agencies rose from 295,159 in FY 1985 to 387,916 in FY 1986, and to 446,628 in FY 1987 (an increase of 151,469 admissions or over 51.3 percent during this two year period). However, these data reveal considerable variability across States in terms of increases and/or decreases in drug client admissions. The overall trend of significant increases in the number of drug client admissions is confirmed by the fact that most of the States and Territories that have comparable drug client treatment admissions data reported an increase in admissions. However, a number of the States have begun to utilize more comprehensive reporting systems. Therefore, considerable caution should be exercised in the interpretation of these data, since it is likely that the

increased levels of drug admissions reported by States may be related not only to increased numbers of actual drug clients being admitted to treatment, but also to more complete reporting now possible through more comprehensive and complete data systems (e.g., the addition in some States of drug clients served through the community mental health center service system whose client admissions were not reported in earlier years).

Another comparison of drug client treatment admissions over FYs 1985, 1986 and 1987 focused on the primary drugs of abuse. An analysis was conducted on roughly comparable data provided by 47 States, the District of Columbia and Puerto Rico on the top three primary drugs of abuse (i.e., heroin, cocaine and marijuana/hashish). The findings were as follows:

CLIENT TREATMENT ADMISSIONS
BY TOP THREE PRIMARY DRUGS OF ABUSE

FISCAL YEAR	Heroin	Cocaine	Marijuana/ Hashish
1985	89,456	39,827	62,225
1986	86,907	57,868	76,888
1987	98,303	84,222	62,830

It is clear that the above data exhibit considerable variation from year to year and caution must be exercised in attempting to extract trend data from only a three year period. However, the increases in client treatment admissions related to cocaine as a primary drug of abuse are clear and compelling. The data demonstrate an increase of 18,041 admissions or 45.3 percent from FY 1985 to FY 1986 and an increase of 26,354 admissions or 45.5 percent from FY 1986 to FY 1987. Client treatment admissions with cocaine specified as the primary drug of abuse from FY 1985 to FY 1987 increased by 44,395 admissions or 111.5 percent. Over that same two year period client admissions related to heroin increased by 9.9 percent, while admissions related to marijuana/hashish were nearly the same in FY 1987 as in FY 1985.

V. INTRAVENOUS (IV) DRUG ABUSE (Tables 19, 20)

Each State Alcohol and Drug Agency was asked to provide estimates relating to IV drug abuse for Fiscal Year (FY) 1987 for the total number of client admissions to treatment and the total number of IV drug abusers in the State. For the latter question, State Agencies were asked to indicate the basis for their estimate of the total number of IV drug abusers (i.e., direct measure, indirect measure, and/or informed "guesstimate"). Agencies within a total of 43 States, the District of Columbia, Guam and Puerto Rico were able to provide an estimate for at least one of the two questions (See Table 19).

There were 44 responses to the question on the total number of drug treatment client admissions in State-funded programs during FY 1987 who were reported as IV drug abusers. The number of IV drug abuser client treatment admissions ranged from a high of 25,441 in California to a low of 4 in South Dakota and 0 in Guam. The total number of IV drug abuser client treatment admissions reported by the 44 respondents for FY 1987 was 126,673.

Thirty-five (35) States, the District of Columbia and Guam were able to provide estimates on the total number of IV drug abusers in the State. The highest estimates of IV drug abusers were provided by New York, California, and Texas, in that order. New York estimated 260,000, California estimated 222,000, and Texas estimated 180,700 IV drug abusers in the State. The total number of IV drug abusers across the country as estimated by the 37 State Agency respondents is 1,394,553.

State Agency representatives were also asked to report the basis for their estimates of the total IV drug abuser population. The largest number of responding States, twenty (20), reported that their estimates were based upon "informed guesstimates"

State Alcohol and Drug Agency representatives were also asked to indicate whether or not they had "any information on Human Immunodeficiency (HIV) infection rates among IV drug abusers". Respondents from 23 States indicated that they did have some relevant data. Representatives from these States were then asked to provide relevant information on the range of HIV infection rates among IV drug abusers. Among the 23 respondents the lowest rate ranging from 0 to 1.0 percent was reported by the State of Minnesota, while the highest rate and largest range from a low of 2.0 percent to a high of 60.0 percent was reported by the State of New Jersey. Other high HIV infection rates among IV drug abusers were also reported by Massachusetts at 30.0 percent and Florida at 26.0 percent. Also, the States of Maryland and Connecticut reported average HIV infection rates among IV drug abusers in some cities at 25.0 percent and 20.0 percent, respectively.

TABLE 19

INTRAVENOUS (IV) DRUG ABUSER CLIENT TREATMENT ADMISSIONS TO STATE
FUNDED PROGRAMS AND ESTIMATES OF TOTAL IV ABUSERS BY STATE FOR FISCAL YEAR 1987

STATE	NUMBER OF ADMISSIONS WHO WERE IV DRUG ABUSERS	BASIS OF ESTIMATE	TOTAL NUMBER IV DRUG ABUSERS IN STATE	BASIS OF ESTIMATE
Alabama	N/A	N/A	N/A	N/A
Alaska	200	G	1,000	IG
Arizona	1,800	G	29,433	IG A
Arkansas	50	G	1,000	INM A
California	25,441	IND	222,000	INM
Colorado	800	IND	12,000	INM
Connecticut	4,932	IND	51,216	INM
Delaware	1,324	INM	5,530	IG
District of Col	2,194	G	8,000	IG
Florida	7,272	G	41,184	IND
Georgia	N/A	N/A	N/A	N/A
Guam	0	G	0	IG
Hawaii	37	G	4,000	IG
Idaho	522	G	N/A	N/A
Illinois	5,000	IND	100,000	INM
Indiana	800	G	7,000	IG
Iowa	275	IND	27,660	IND
Kansas	900	G	N/A	N/A
Kentucky	264	G	5,000	IG
Louisiana	171	G	N/A	N/A
Maine	471	G	4,800	IG
Maryland	5,946	IND	50,000	INM
Massachusetts	7,846	IND	40,000	IG
Michigan	5,200	IND	50,000	INM
Minnesota	1,000	G	4,500	IG
Mississippi	N/A	N/A	N/A	N/A
Missouri	3,000	IND	22,000	IG
Montana	600	G	2,500	IG
Nebraska	40	G	N/A	N/A
Nevada	500	G	N/A	N/A
New Hampshire	289	IND	9,367	INM
New Jersey	7,809	IND	40,000	IND
New Mexico	N/A	N/A	4,000	INM
New York	14,108	IND	260,000	INM B
North Carolina	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A
Oregon	2,147	IND	13,089	IG
Pennsylvania	12,325	IND	111,000	INM
Puerto Rico	1,578	G	N/A	N/A
Rhode Island	N/A	N/A	7,900	IG
South Carolina	800	G	N/A	N/A
South Dakota	4	G	N/A	N/A
Tennessee	1,716	IND	3,000	IG
Texas	2,886	IND	180,700	INM
Utah	14	IND	7,125	IG
Vermont	25	IND	63	IG
Virginia	2,270	G	22,756	INM
Washington	3,385	IND	25,000	INM
West Virginia	20	G	60	IG
Wisconsin	612	IND	21,000	INM
Wyoming	100	G	700	IG
TOTALS	126,673		1,394,553	

G = Guesstimate of number of admissions who were IV drug abusers.

IND = Individual client data used to determine numbers of admissions who were IV drug abusers.
drug abusers.

IG = Informed guesstimate of total number of IV drug abusers in the State.

INM = Indirect measure or indicator data used to determine total number of IV
drug abusers in the State.

A = Guesstimate of numbers of admissions who were IV drug abusers is based on the number
of heroin abusers admitted to treatment.

B = Number of admissions does not include 2,268 IV drug abusers admitted
to non-funded programs.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those
programs "which received some funds administered by the State Drug Agency"
during Fiscal Year 1987.

TABLE 20

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION RATES
AMONG INTRAVENOUS (IV) DRUG USERS BY STATE FOR FISCAL YEAR 1987

STATE	DATA AVAILABLE	RANGE OF INFECTION RATES BY PERCENT		AVERAGE PERCENT OF IV DRUG USERS INFECTED
		LOW	HIGH	
Alaska	Y	7.0	14.0	N/A
Arizona	Y	N/A	N/A	0.13
California	Y	1.0	3.1	2.03
Colorado	Y	3.0	4.01	N/A
Connecticut	Y	N/A	N/A	20.0
Delaware	Y	4.0	7.0	N/A
Florida	Y	25.0	26.0	26.0
Louisiana	Y	1.0	2.0	N/A
Maryland	Y	N/A	N/A	25.0
Massachusetts	Y	12.0	30.0	N/A
Michigan	Y	0	15.0	N/A
Minnesota	Y	0	1.0	N/A
Missouri	Y	0.5	1.0	N/A
New Hampshire	Y	N/A	N/A	3.1
New Jersey	Y	2	60.0	N/A A
New Mexico	Y	1	N/A	N/A
New York	Y	N/A	N/A	N/A B
Ohio	Y	N/A	N/A	N/A C
Oregon	Y	N/A	N/A	3.0
Rhode Island	Y	N/A	N/A	10.0
Utah	Y	N/A	N/A	2.5
Washington	Y	3.0	8.0	N/A
Wyoming	Y	1.0	3.0	N/A

Y = Yes, data is available on HIV infection rates among IV drug abusers in the State for FY 1987.

A = New Jersey's percent of HIV infection among IV drug users varies according to geographic location; the low 2 percent infection rate is in the Southern area of the State, whereas the high 60 percent infection rate is in the Northern part of the State, particularly the area close to New York City.

B = New York did not provide estimates of HIV infection among IV drug users; however, the respondent indicated that 35 percent of adult AIDS cases in the State consist of IV drug users and 80 percent of the State's pediatric AIDS cases are related to IV drug use.

C = Ohio did not provide estimates of HIV infection among IV drug users; however, the respondent indicated that as of 11/2/87 a total of 14 percent of the State's AIDS cases were related to IV drug use.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

Since many of the figures provided on HIV infection rates are estimates based on limited data, they should be interpreted with extreme caution. Nevertheless, at least two significant conclusions are evident. First, it is clear that many States already have relatively high rates of HIV infection among IV drug abusers. However, it is also clear that the rates of HIV infection vary tremendously not only across different States, but also within the same State (e.g., the range of 2.0 percent to 60.0 percent in New Jersey). This fact is significant because it means that there still exists the opportunity to prevent further spread of the infection. The provision of expanded and more intensive drug treatment services, together with other appropriate prevention programs, can still prevent or at least reduce the further spread of HIV and AIDS.

VI. STATE MODEL PRODUCT AVAILABILITY

In order to identify current model product availability within each State, the State Alcohol and Drug Agency representatives were asked to list products that would be of interest to other States and that could possibly either be replicated or used by other State Agencies. A total of 48 State Agency representatives responded to this question. See Appendix C for a summary of the State-by-State data provided.

The majority of product categories reported by the States included: prevention plans; treatment plans; program certification/licensure/accreditation standards; counselor certification/licensing and training standards; program monitoring systems; and needs assessment survey methodologies. Other materials mentioned by State Agency representatives ranged from information on resource allocation models to DWI screening, from the availability of curricula to utilization review strategies.

Twenty-nine State Agencies, including Guam and Puerto Rico reported the availability of prevention oriented programming and planning materials. A total of 46 prevention products were reported, 14 of which are youth oriented. Other materials mentioned range from data on community based efforts to information on serving Native Americans and the deaf. School curricula were reported by 10 States.

Twenty-one State Agency respondents identified at least one treatment program model product. The model treatment services included services for youth, women, elderly, and services to children of alcoholics. In addition, services for clients with AIDS and the homeless were specified by six State respondents.

Twenty-two State Agencies identified at least one product relating to counselor certification/licensing standards. Also, 21 States provided information on program certification/licensure/accreditation standards, including treatment programming within penal institutions.

A total of 19 program monitoring systems were mentioned by representatives from 11 State Agencies. These included quality assurance protocols and criteria and client oriented data collection systems.

Needs assessments and surveys were reported by eight State Agencies. Issues specified included incidence and prevalence, treatment follow-up, and training. Statewide youth alcohol and drug surveys, were also reported.

VII. LEAD STAFF CONTACTS FOR AIDS, DATA COLLECTION, DRUNK DRIVING, EVALUATION AND HOMELESS PROGRAMS

Each State Alcohol and Drug Agency representative was asked to provide the name, title and telephone number for the lead staff persons for each of the following programmatic areas:

- o AIDS;
- o Data Collection/Information Management;
- o Drunk Driving;
- o Evaluation; and
- o Homeless.

The specific information provided by each State respondent is included within this report as Appendix D. All 50 States, the District of Columbia, Guam and Puerto Rico submitted relevant data in response to this question.

VIII. TOP THREE POLICY ISSUES FROM A STATE ALCOHOL AND DRUG AGENCY PERSPECTIVE (Table 21)

In order to identify the policy questions and issues that are currently being considered at the State level, the State Alcohol and Drug Agency representatives were asked to list their top three policy issues. Fifty-one State Agencies, including the District of Columbia, Guam, and Puerto Rico responded to this question (See Table 21 for a summary of the State-by-State responses).

In compiling the results from the responses to the question it was determined that four policy issues were mentioned by at least 16 State Agencies. These lead policy issues can be categorized as follows:

- o Treatment Services Systems;
- o Funding and Resource Allocation;
- o Prevention and Treatment Services for Youth; and
- o AIDS and IV Drug Users.

A further analysis of each of these areas follows:

1. Treatment Services Systems

Forty-five State Agency representatives identified the need for additional services or expansion of existing treatment services as major policy issues. Expansion of service systems to reduce waiting lists and increase services were mentioned by respondents from seven State Agencies including the District of Columbia, Delaware, Florida, New York, Guam, West Virginia and Wyoming. Specific services for dually diagnosed clients was identified as an important need by five States, including Mississippi, North Dakota, Oregon, Tennessee and Texas. In addition, services for family members were top issues for three States including Colorado, Indiana, and Missouri. Other State Agencies mentioned treatment services in more general terms.

2. Funding and Resource Allocation

Twenty-one State Agency representatives identified the need to seek increased funding for treatment and prevention services and/or to improve the allocation of resources as at least one or more of their top three policy issues. Ten State Agency respondents mentioned in general terms, the need to develop funding policies for maintaining existing services or to expand services to meet increasing needs. Those States included Colorado, Delaware, Florida, Idaho, Indiana, Louisiana, Maine, South Carolina, Vermont, and Wisconsin. Three State representatives addressed the allocation of funds as a major issue; they included Montana, Nebraska, and Utah. Two State

TABLE 21

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TOP THREE POLICY ISSUES BY STATE ALCOHOL AND DRUG AGENCIES

STATE	1.	2.	3.
ALASKA	1. YOUTH PREVENTION/TREATMENT	2. PUBLIC/PRIVATE INSURANCE PAYMENT	3. REDUCTION IN CONSUMPTION OF ALCOHOL/DRUGS
ARIZONA	1. SUBSTANCE ABUSING/DELINQUENT YOUTH	2. TREATMENT MODALITIES FOR YOUTH	3. DIAGNOSED CHRONIC MENTALLY ILL CLIENTS
ARKANSAS	1. TREATMENT SERVICES FOR ADOLESCENTS	2. HOMELESS RECOVERING ALCOHOL/DRUGS	3. DRUGS OTHER THAN ALCOHOL BY MINORITIES
CALIFORNIA A	1. SUBSTANTIAL SERVICES FOR YOUTH	2. ALCOHOL PROBLEM AMONG THE HOMELESS	3. MAINTENANCE OF INTEGRITY OF ALCOHOL SERVICES
CALIFORNIA B	1. EXPAND SERVICES FOR IV-DRUG USERS	2. OBTAINING RESOURCES FOR HOMELESS	3. DRUG PREVENTION FOR YOUTH
COLORADO	1. ELIGIBILITY FOR PUBLICLY FUNDED	2. FUNDING FOR PREVENTION/TREATMENT	3. REINBURSEMENT TO FAMILY MEMBERS
CONNECTICUT	1. AIDS	2. REGIONAL PLANNING	3. SERVICES TO ETHNIC MINORITY GROUPS
DELAWARE	1. OBTAINING ADDITIONAL STATE FUNDS	2. INCREASING DETOXIFICATION CAPACITY	3. STOPPING AND INAPPROPRIATE ADMISSIONS
DIST. OF COL.	1. IMPLEMENT. OF SUBSTANCE ABUSE MODEL	2. EXPANSION VERSUS ENHANCING	3. DEVELOPING LEVEL OF TREATMENT
FLORIDA	1. FUNDING ALCOHOL/INHIBITORS CLIENTS	2. PREVENTION/EARLY INTERVENTION	3. EXPANSION OF TREATMENT TO REDUCE WAITING LIST
GUAM	1. INCREASE DELIVERY SERVICES FOR A/D.	2. INCREASE STAFF SKILLS AND EXPERTISE	3. BUILD NEW FREE-STANDING DEPT. OF H/DA
HAWAII	1. THIRD PARTY REIMBURSEMENT	2. PROGRAM ACCREDITATION	3. PROGRAM PLANNING ACROSS STATE DEPARTMENTS
IDAH0	1. LONG-TERM FUNDING	2. ADOLESCENT RESIDENTIAL TREATMENT	3. FUNDING FOR SCHOOL-BASED PREVENTION PROGRAM
ILLINOIS	1. AIDS	2. CONSOLIDATED LICENSURE	3. REIMBURSEMENT METHODS
INDIANA	1. STATE FUNDING FOR TREATMENT SYSTEM	2. THIRD PARTY REIMBURSEMENT	3. FAMILY TREATMENT
IOWA	1. ADDITIONAL FUNDING	2. TREATMENT OF JUVENILES	3. AIDS
KANSAS	1. SERVICES FOR INDIGENT YOUTH	2. COMPREHENSIVE PREVENTION SERVICES	3. UPGRADE INDIGENT ADULT TREATMENT SERVICES
KENTUCKY	1. MEDICAL REIMBURSEMENT	2. APPROPRIATE ASSESSMENT & REFERRAL	3. PREVENTION EVALUATION
LOUISIANA	1. UNIFORM FEE POLICY	2. DWI/CRIMINAL JUSTICE PATIENT	3. APPROPRIATE SERVICES TO ADOLESCENTS
MAINE	1. GRANT RULMAN AND OTHER BUDGET CUTS	2. IMPROVING SERVICE TO DWI OFFENDERS	3. INCREASING SERVICE PROVIDER ACCOUNTABILITY
MARYLAND	1. CERTIFICATE OF NEED	2. ADDICTION COUNSELORS CREDENTIALING	3. ZONING PROBLEMS
MASSACHUSETTS	1. SERVING AIDS PATIENTS	2. HANDICAPPED AND DISABLED CLIENTS	3. WOMEN, MINORITIES AND HOMELESS
MICHIGAN	1. PREVENTION OF ALCOHOL PROBLEMS	2. COST-EFFECTIVE PURCHASING POLICY	3. AIDS
MINNESOTA	1. CONSOLIDATED CD TREATMENT FUND	2. AIDS PREVENTION	3. IMPROVED SERVICES FOR SPECIAL POPULATIONS
MISSISSIPPI	1. AIDS/IVT TREATMENT FACILITIES	2. OUTPATIENT COMMITMENT LIMS	3. SERVICES TO RURALLY DIAGNOSED CLIENTS
MISSOURI	1. ADOLESCENT TREATMENT	2. SERVICES TO FAMILIES	3. QUALITY OF CARE

TABLE 21

TOP THREE POLICY ISSUES BY STATE ALCOHOL AND DRUG AGENCIES

STATE			
NORTH CAROLINA	1. MAINTAIN QUALITY TREATMENT SERVICES	2. ALLOCATING FEDERAL & STATE FUNDS	3. ENSURE COMMUNITIES ROLE IN PREVENTION
NORTH DAKOTA	1. FUNDING LEVEL AND DISTRIBUTION	2. EVALUATION OF TREATMENT OUTCOMES	3. COUNSELOR CERTIFICATION REQUIREMENTS
NEVADA	1. MANAGEMENT OF AIDS CLIENTS	2. ANTI-DRUG ABUSE ACT COORDINATION	3. CONTINUATION OF AFTER FUNDING
NEW HAMPSHIRE	1. EDUCATION, JUSTICE, AND PREVENTION	2. AIDS (PUBLIC HEALTH, DADA)	3. CHRONIC MENTAL HEALTH/CRIMINAL ABUSE
NEW JERSEY	1. MANDATORY DRUG INSURANCE & MEDICAID	2. DRUG TREATMENT/REHABILITATION	3. ADULT & JUVENILE RESIDENTIAL SERVICES
NEW MEXICO	1. TRACKING AND EVALUATION PROGRAM	2. COMPREHENSIVE SERVICE SYSTEM	3. DEVELOP APPROPRIATE ASSESSMENT INSTRUMENTS
NEW YORK A	1. COMPREHENSIVE NEEDS ASSESSMENT	2. FISCAL VIABILITY AND QUALITY	3. STATEWIDE POLICY FOR PREVENTION OF ALCOHOL
NEW YORK B	1. AIDS EFFORTS	2. HOMELESSNESS BY DRUG USERS	3. EXPANDING NETWORK TREATMENT & PREVENTION
NORTH CAROLINA	1. IMPLEMENT SERVICES FOR ADOLESCENTS	2. STATEWIDE PREVENTION NETWORK	3. INVOLUNTARY SUBSTANCE ABUSE COMMITMENT
NORTH DAKOTA	1. PREVENTION POLICY/PROGRAMMING	2. SERVICES TO YOUTH, ELDERLY/ADULT	3. SERVICES FOR THE DUAL-DIAGNOSED
OHIO	1. SOCIAL INCULCATION OF YOUNG PEOPLE	2. PROVISION OF CARE FOR INDIVIDUALS	3. REDUCTION OF ALCOHOL & DRUG ABUSE SYSTEMS
OKLAHOMA	1. AIDS POLICY	2. NONE	3. NONE
OREGON	1. CORRECTIONAL TREATMENT PROGRAM	2. WOMEN'S TREATMENT PROGRAM	3. DUAL DIAGNOSED TREATMENT PROGRAMS
PENNSYLVANIA	1. MEDICAL ASSISTANCE REIMBURSEMENT	2. CASE MANAGEMENT	3. PERFORMANCE/NEEDS BASED ALLOCATION SYSTEM
PUERTO RICO	1. I.C. WRITTEN CONCEPTUAL FRAME	2. PRIOR. SECOND. PREVENTION CONCEPT	3. PURSUE THERAPEUTIC COMMUNITY CONCEPT
RAHDE ISLAND	1. EXPAND PREVENTION & TREATMENT	2. SERVICES TO UNDESERVED POPULATIONS	3. MAINTAINING & EXPANDING AIDS-RELATED SERVICES
SOUTH CAROLINA	1. POLICY ON ALCOHOL TAKES AND ADV.	2. FUNDING FOR ALCOHOL & DRUG ABUSE	3. PREVENTION OF SPREAD OF AIDS
SOUTH DAKOTA	1. TRANSITIONAL CARE FOR ADOLESCENTS	2. PREVENTION SERVICES FOR YOUTH	3. RESIDENTIAL TREATMENT FOR MEDICALLY INDICENT
TENNESSEE	1. DEVELOPMENT, STATEWIDE AIDS POLICY	2. TREATMENT FOR DUAL DIAGNOSED AD/AD	3. TREATMENT FOR JUVENILE JUSTICE ADOLESCENTS
TEXAS	1. SERVICES FOR CRIMINAL JUSTICE	2. SERVICES FOR DUALY DIAGNOSED	3. DEFINING CONTINUUM OF CARE MODEL PROGRAMMING
UTAH	1. YOUTH TREATMENT RESOURCES	2. COORDINATION OF STATE AND	3. FUNDING FORMULA DEVELOPMENT
VERMONT	1. FUNDING OF ELIGIBLE CLIENTS	2. FACILITATE EARLY TREATMENT	3. MANAGING A TREATMENT SYSTEM OF CARE
VIRGINIA	1. EVALUATION OF COMMUNITY SERVICES	2. HEALTH CARE FOR SUBSTANCE ABUSERS	3. SERVICES TO MENTALLY ILL SUB. ABUSING CLIENTS
WASHINGTON	1. PROVIDE SERVICES TO INDIGENT	2. MENTALLY ILL ALCOHOLIC OR DRUG	3. DETOX. AND INVOLUNTARY TREATMENT
WEST VIRGINIA	1. IMPROVE PROGRAM MONITORING	2. TREATMENT FOR CHRONIC SUBSTANCE AB.	3. EXPANSION OF ADOLESCENT PREVENTION TREATMENT
WISCONSIN	1. SUBSTANCE ABUSE AS A DISEASE	2. FUNDING FULL ARRAY OF SERVICES	3. STRATEGY TO NEEDS OF UNDESERVED
WYOMING	1. ADOLESCENT SERVICES	2. RESIDENTIAL COMMUNITY TREATMENT	3. INTENSIVE OUTPATIENT SERVICE DEVELOPMENT

respondents (Maine and Nevada) mentioned Federal laws (e.g., Gramm-Rudman-Hollings budget cuts and the Anti-Drug Abuse Act of 1986) as major policy issues.

3. Prevention and Treatment Services for Youth

The expansion of prevention and treatment services for youth was identified as a major policy issue by 16 State Agency respondents including Alaska, Arizona, Arkansas, California (Alcohol Agency respondent and Drug Agency respondent), Idaho, Iowa, Kansas, Louisiana, Missouri, North Carolina, Ohio, South Dakota, Tennessee, Utah, and Wyoming. Specific issues mentioned ranged from treatment modalities for youth, funding for adolescent programs, services for indigent youth, to overall prevention services for youth.

4. AIDS and IV Drug Users

The AIDS epidemic was specifically identified as a major policy issue by 16 of the reporting State Agencies. The broad geographic distribution of States, coast to coast, urban and rural, demonstrates the extent and the severity with which the State Agencies perceive this problem. With one State Agency (Oklahoma), it was the only major policy issue reported. The remaining 15 State Agency representatives which mentioned the issue included California (Drug), Connecticut, Florida, Illinois, Iowa, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, New York (Drug), Rhode Island, South Carolina, and Tennessee. California and New York respondents specifically addressed the need for expanded services for IV drug users, while Minnesota and South Carolina representatives specifically mentioned the need for prevention services related to AIDS.

IX. MAJOR NEEDS FOR WHICH RESOURCES WERE NOT ADEQUATE IN FISCAL YEAR 1987

Each State Alcohol and Drug Abuse Agency was asked to indicate whether there were any major needs identified through the State's most recent planning process for which there were inadequate resources to meet those needs. The State representatives were asked to provide a brief description of those major needs and to identify the types of resources that would be required. Detailed State-by-State information on the major needs and resources identified is included as Appendix E.

Responses to this question were received from 44 States and the District of Columbia, Guam, and Puerto Rico. All of the respondents indicated that major needs existed in their service delivery systems for which resources were not adequate during FY 1987.

Narrative responses received from the 47 State Agencies confirmed that there were major needs in the areas of prevention and/or treatment for which there were not adequate resources. While the scope of the narrative comments and information retrieved was broad, many of the respondents stated that additional resources need to be obtained to support the development and maintenance of a variety of treatment and prevention services, but particularly those for youth and women. In addition, States identified the following needs: to provide services to meet the needs of other special populations such as children, elderly, dually-diagnosed, the incarcerated, the handicapped, and persons with AIDS; to expand resources for adequate detoxification services and facilities; to increase funding for program staff positions, training and salaries; to expand outpatient services; and to create and improve prevention services in both schools and communities.

The major need most frequently mentioned in the FY 1985, 1986 and the current 1987 SADAP effort was the development of prevention and treatment services for youth and women. For FY 1987, a number of States reported specific needs for additional residential beds, as well as for an increase in staff positions and child care services in women's programs. All the reporting States mentioned that additional overall funding would aid in reconciling the distance between needs and the existing service levels.

Other service needs that were identified by some States included the following: long-term shelters for homeless alcoholics; outreach and outpatient services, particularly in rural areas; additional facilities, treatment "slots" and staff to reduce the backlog of clients on waiting lists for treatment; training programs in specific areas (e.g., to work with clients with particular problems which complicate the recovery process, such as the mentally ill); and the need to upgrade treatment facilities to meet State standards.

Highlights from the States' narrative reports have been organized into the following five categories:

- o Youth and Women;
- o Other Special Populations;
- o Prevention and Early Intervention;
- o Staff Positions, Training, and Salaries; and
- o Detoxification Services.

1. Youth and Women

A majority of the States identified a need to expand treatment and/or prevention services to youth, with four State Agency representatives specifically mentioning children.

While many States indicated a variety of needs in the area of prevention and treatment for alcohol and drug abusing youth, 16 State Agency representatives specifically mentioned the expansion or establishment of residential treatment programs and facilities for youth. Several of these States are: California (drug), Idaho, Iowa, Louisiana, New Jersey, Ohio, Oklahoma, Montana, and West Virginia. Other States referred to youth needs in general terms such as "adolescent services". Some of these States include Arizona, Arkansas, Florida, Georgia, Hawaii, Illinois, Kansas.

Kentucky's representative mentioned the need for intensive treatment and intervention services for adolescents including detoxification, rehabilitation and transitional services. Louisiana's representative reported that there were only 40 publicly funded treatment beds for youth in the entire State and no extended care beds for this population. Utah's representative cited a need to support programs for youth ages 10 to 12 that range from early intervention to residential services.

Nine State Agency respondents specifically cited a need for resources for services for women. They include the following: Florida, Georgia, Kentucky, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, and Oregon. Several State representatives also mentioned the need for child care services for women in treatment; they included California (alcohol), Kentucky, New Hampshire, and Wisconsin.

2. Other Special Populations

State Agency representatives from Georgia, Kentucky and New Hampshire specifically mentioned service needs for the elderly, including outreach and treatment. Also, Delaware, Maine, Massachusetts, Rhode Island, and West Virginia representatives

cited unmet needs of the chronic alcoholic. A need for resources for children's services, other than child care, were identified by respondents from Florida, Georgia, Kentucky, and Montana.

Alcohol and drug abusing offenders who are in need of a full continuum of treatment services, both inside and outside the correctional facility, were identified as requiring additional resources by representatives from Georgia, Kentucky, South Dakota, and Ohio. Dually-diagnosed and handicapped individuals were indicated in need of specialized services by respondents from 10 State Agencies including the following: Colorado, Hawaii, Illinois, Maryland, Massachusetts, Missouri, Nevada, New Hampshire, New Jersey, and Oregon. The need for AIDS education, training and support groups was mentioned by representatives from Maryland, Minnesota, Pennsylvania, Rhode Island and Wisconsin.

3. Prevention and Early Intervention

Additional resources for prevention and early intervention services for the general population, including members of special populations, were identified as a need by respondents from nine State Agencies including the following: Colorado, Illinois, Kansas, Maryland, Montana, New Jersey, North Dakota, Ohio, and South Dakota. Colorado's representative indicated a need for prevention services for all ages; Illinois' respondent cited a need for prevention funding and coordination of State and Federal initiatives; Maryland and North Dakota representatives cited Prevention Resource Center developments; and South Carolina's respondent noted a need for the expansion of primary prevention services, including the expansion of Teen Institute programs.

State Agency representatives from both Colorado and Ohio indicated a need for intervention services through Employee Assistance Programs. Kansas' respondent indicated a need for the completion of regionalization of prevention programming; and Montana's representative cited the lack of prevention and educational programs for communities and networking caused by the need for additional financial resources for staffing. Ohio's respondent indicated a need in both public and private schools, from elementary grades through universities, for prevention and educational programs for youth and their families.

4. Staff Positions, Training and Salaries

Several State Agency representatives identified a need to increase the number of program staff positions, or to increase the level of staff salaries. The need to provide or expand staff training programs was also cited.

Respondents from seven State Agencies including Florida, Hawaii, Guam, Illinois, Maryland, North Dakota and Puerto Rico reported a need to increase staff in the area of prevention and treatment services.

Additional resources to adequately compensate workers in the substance abuse field was stated as a significant need by representatives from the States of Connecticut, Hawaii, Illinois, Rhode Island, and South Carolina.

Additional staff training was cited as an important need by representatives from the State Agencies in Montana, South Carolina, and Vermont. The training assistance needed was especially directed toward treatment personnel.

Kansas' respondent cited the need for legislation for mandatory staff credentialing.

5. Detoxification Services

Eleven State Agency representatives cited a specific need for additional resources to meet the demand for detoxification services. These respondents included persons from the following States: Alaska, Arizona, California (alcohol), Colorado, Delaware, Georgia, Illinois, Montana, Nevada, New Hampshire, and Washington. Alaska's respondent noted a need for this service particularly in rural areas; Arizona's representative reported an overall need for detoxification services for chronic, indigent alcoholics; Delaware's and Colorado's respondents mentioned that additional resources were necessary to expand detoxification beds, as did representatives from Illinois and Montana.

Washington's State Agency representative cited a need for legislative changes in State statutes to require drug detoxification and to permit involuntary commitment of drug addicts. The State respondent noted that amendments that would establish such programs had been introduced, but were then withdrawn by legislators because of the expense of such programs.

X. SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION
AND TREATMENT SERVICES IN FISCAL YEAR 1987

Each State Alcohol and Drug Abuse Agency was requested to provide information on changes that had occurred in treatment and/or prevention services during Fiscal Year (FY) 1987. A total of 47 responses were received to this question, representing 44 States, the District of Columbia, Guam, and Puerto Rico. The specific narrative information obtained from each respondent is contained in Appendix F.

The narrative comments provided by the State Agency representatives addressed a broad range of significant topics and functions. However, there were sufficient commonalities in the State responses to cluster their replies into the following seven categories:

- o New Programs and Services for AIDS and IV Drug User Populations;
- o Client and Drug Use Trends;
- o Changes in Financial Resources;
- o Changes in Services and Programs for Youth;
- o Prevention Programs and Services;
- o Changes in Admissions to Treatment; and
- o Other Significant Developments.

Information from the States has been reviewed and is summarized according to the foregoing categories. An analysis of the data provided within each of these seven categories follows.

1. New Programs and Services for AIDS and IV Drug User Populations

Narrative comments from 16 State Agencies referred to the need to increase the availability of services to IV drug users to help prevent the spread of the HIV infection and AIDS. Those State Agencies include: California, Connecticut, the District of Columbia, Florida, Idaho, Iowa, Maryland, Massachusetts, Maine, Nevada, New Hampshire, New Jersey, New York, Oregon, Rhode Island and Vermont.

Several States mentioned changes in methadone emergency regulations in order to ease admission criteria and encourage entry of IV drug users into treatment to help prevent this source of AIDS. The majority of States reporting increased services for AIDS and IV drug users mentioned an expansion of services to accommodate the potentially affected population.

In New Jersey, services for AIDS prevention and education included distribution of materials, lectures and presentations, an AIDS hotline and additional treatment beds.

The State of Maryland reported a significant expansion of street outreach and prevention programs targeted at the IV drug user. Education and outreach measures were also reported by Idaho, Nevada, and New Hampshire, to name a few.

The New York State Division of Substance Abuse Services reported that the growing AIDS crisis, along with the spread of cocaine, placed an unprecedented strain on an already overburdened treatment system in the State, particularly in New York City.

The State of Rhode Island initiated several activities in response to the AIDS crisis. They included the establishment of alternative HIV antibody test sites for IV drug users, expanded methadone maintenance services, and outpatient methadone detoxification.

In Oregon, the State Agency has initiated AIDS outreach efforts targeted at IV drug users in the four largest counties.

Other comments by State Agencies included the following:

- o District of Columbia - Office of AIDS Activity was established, and budget for AIDS prevention was increased by 109%.
- o Illinois - Reported a significant increase in IV drug users (69%) admitted to treatment.
- o Massachusetts - Both methadone services and drug free services targeting needle users are increasing due to the spread of AIDS.

2. Client and Drug Use Trends

The increased use of crack and other forms of cocaine that was emphasized by representatives from 11 State Agencies is requiring some changes in services. These States included Arizona, California, Colorado, District of Columbia, Florida, Idaho, Iowa, New Hampshire, New York, Oregon, and Texas. In addition, these State respondents mentioned increases in heroin admissions.

New York's State Agency representative cited the strain on an overburdened treatment system by the intensified spread of the use of crack and cocaine. Oregon also reported a significant increase in supplies of cocaine and amphetamines causing problems in the human services systems.

New Mexico's State Agency representative reported a significant increase in treatment of children under the age of 18 (100% in alcohol admissions) and an alarming increase in "Mexican Brown" heroin causing many overdoses. Texas reports an increase in heroin addicts seeking treatment as a result of "Black Tar" heroin coming in from Mexico. Texas also reports an increase in admissions for crack.

Other States that mentioned drug use and client trends included:

- o Arizona - This State reported a 5.7% increase for cocaine as a reason for treatment in FY 87. Heroin, non-prescription methadone, and other opiate admissions accounted for a 4% increase in treatment admissions.
- o California - The California State Drug Agency reported a reorientation by drug programs to deal with cocaine, especially crack, client admissions to treatment.
- o Colorado - Reports of major occurrences of cocaine and heroin admissions and emergency room admissions increases were included in this State's report.
- o Idaho - This State reported an increase in young, working women (ages 19 through mid-30's) using amphetamines and cocaine intravenously. Adolescents are being referred to treatment at younger ages due to referrals from schools, health care professionals and social service staff.

o Iowa

- Iowa mentioned an increase in cocaine admissions for primary treatment as well as an increase in cocaine arrests. The State Agency also reported an increase in females seeking treatment.

3. Changes in Financial Resources

Narrative comments by representatives from 10 State Agencies referred to specific financial changes during the last fiscal year, FY 87. Some of these remarks were directly related to the new emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grant program, authorized by the Anti-Drug Abuse Act of 1986 (P.L.99-570). Due to the timing of the release of the Emergency ADTR funds from the Federal Government, the States' ability to immediately utilize the funds varies due to individual State codes, regulations and circumstances. Therefore, some State Agencies were able to report the impact of the ADTR funds in this FY and others were not.

o Alabama

- The State reported an increase in outpatient and day care services due to the receipt of the ADTR funds. Substance abuse day treatment increased 177% from the first quarter to the fourth quarter (36 persons to 100 persons served).

o Arkansas

- The State Agency mentioned a statewide network of Chemical-Free Living Centers offering services to homeless recovering alcohol and other substance abusers through the use of ADTR monies.

- o Kentucky - In the State fiscal year, Kentucky reported a reduction in federal funds and an increase in State appropriated monies that enabled the State Agency to contract for additional drug clients and alcohol clients.
- o Louisiana - The State initiated additional women's services in compliance with the ADM Block Grant, Part B.
- o New York - The New York General Assembly enacted legislation that granted Medicaid provider status to non-hospital based inpatient alcoholism treatment providers which allows them to be reimbursed for Medicaid eligible clients.
- o Rhode Island - The State reported that ADTR funds allowed for the initiation of a number of new programs.
- o South Dakota - The emergency treatment funds enabled the State Agency to support increased intensive outpatient program capacity, expand outreach efforts for special populations, and initiate a women's halfway house.

Comments received from several State Agencies concerned ADTR funds which will not have an impact on program services until FY 1988 due to planning and implementation processes.

It is apparent that the States are working under different conditions with a variety of financial situations. Some States are improving services with new increased levels of funding, others are reallocating resources, and several are coping with reduced funding.

4. Changes in Services and Programs for Youth

Youth services received specific mention by representatives from a number of State Agencies in FY 1987. Expansion of prevention and treatment capacity was frequently stated by the Agencies.

Specific program initiatives by the States included:

- o California - The State has expanded prevention services with youth drug prevention as a priority.
- o Maryland - The State Agency expanded the number of adolescent residential treatment beds.
- o New Hampshire - The State increased services to youth within the school systems through the placement of Student Assistance Specialists.
- o New Mexico - The State reported a significant increase of treatment services to children under the age of 18. Alcohol treatment for this age group increased 100%.

Several other States mentioned an expansion of youth prevention and treatment services that include a variety of program types such as Student Assistance Programs, Adolescent Services Plans, and "Be Smart! Don't Start!" prevention campaigns.

5. Prevention Programs and Services

In addition to the previously discussed prevention services directed toward youth, a number of State Agencies identified prevention programs in general as a significant area of change during FY 1987.

Several examples of States' prevention activities included:

- o Kentucky - The Governor initiated the Champions Against Drugs program to establish community based

prevention in 17 geographic regions. The group networks with community resources in planning and initiating programs.

- o Maryland - The State established drug and alcohol education and prevention services in the Baltimore City Jail.
- o Nevada - Education and prevention activities were focused on grades K-4 to respond to public demands for earlier education of children.
- o North Dakota - The establishment of a Prevention Resource Center was planned during FY 1987 with the opening anticipated in FY 1988.
- o Oregon - This State initiated a statewide prevention resources center.
- o Virginia - With funding via the Virginia Office of Juvenile Justice and Delinquency Prevention, the State established five new prevention and intervention programs.
- o West Virginia - Prevention and early intervention services were intensified by the State Agency.

6. Changes in Admissions to Treatment

Several State Agencies emphasized changes in drug and alcohol admissions. The reasons for the admission changes vary from State to State. Some examples of State Agency reports included the following:

- o Delaware - Drug admissions increased from 18% to 34% from FY 1986 to FY 1987, while alcohol admissions decreased from 82% to 55% during the same time period.
- o Idaho - This State reported an increase in women voluntarily admitting themselves for detoxification and residential services. Younger adults and teenagers are also voluntarily entering the treatment system.
- o Illinois - The State reported a major increase in IV drug users into the treatment system (69% of all drug admissions) and a significant increase of alcohol outpatient admissions (48% increase over FY 1986).
- o Iowa - The State Agency reported an increase in females seeking treatment.
- o Kansas - This State reported an increase in admissions to treatment (26%) due to additional private treatment programs, an emphasis on outpatient services and increased public awareness.
- o New Hampshire - The State Agency mentioned increased outreach and treatment services for women.
- o South Carolina - This State reported increases in alcohol admissions (+13%) and cocaine (+89%) and declines in admissions for heroin (-10%) and marijuana (-24%).

Increases were the greatest among outpatient services, Employee Assistance Programs, detoxification, and drinking driver programs.

7. Other Significant Developments

Changes in Driving While Intoxicated (DWI) and Driving Under the Influence (DUI) legislation and increased cooperative planning were included by State Agencies among new developments. Some specific examples follow:

- o Alaska - Decreased funding for enforcement resulted in fewer DWI arrests and convictions and persons entering the treatment systems from DWI.
- o Arizona - New DWI legislation requiring that fines be assessed specifically for evaluation and treatment was passed and the regulations were prepared.
- o Guam - This Agency mentioned an increased intoxicated driver enforcement by the Guam police.
- o Illinois - Following the enactment of new DUI legislation, there were 4,500 DUI referrals during the first six months of 1986.
- o Massachusetts - This State Agency reported that the first offender drunk driver program was changed from an eight week education model to a twenty week counseling model.
- o Montana - This State mentioned an increase in DUI court school admissions due to increased efforts by law enforcement and judges.

o Ohio

- This State passed new DWI legislation that provides for persons convicted under municipal statutes for DWI to pay \$75.00 for a license reinstatement.

Several States reported increased cooperative planning efforts at the State and local levels. They included Georgia, Maine, Montana, New York (drug), Oregon, and Utah. The enactment of the Anti-Drug Abuse Act of 1986 was cited by some States as the reason for the intensified cooperative planning.

APPENDIX A

STATE ALCOHOL AND DRUG ABUSE PROFILE
COVER LETTER, INFORMATION COLLECTION FORMAT AND GLOSSARY
OF TERMS



National Association of State Alcohol and Drug Abuse Directors

October 28, 1987

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Chauncey L. Veatch III
California

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Pennsylvania

Vice President for Alcohol Abuse Issues

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Ohio

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Missouri

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Colorado

Joyce Ingram-Chinn

Hawaii

Jeffrey N. Kushner

Oregon

Executive Director

William Butynski

Director's Name

Agency Name

Street Address

State

Dear :

I am writing to request your continued participation in the National Association's information collection activities. Recently we entered into a new three year contract with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) to continue operation of the State Alcohol and Drug Abuse Profile (SADAP).

Since 1982 the State and Territorial Directors have unanimously expressed their willingness to participate in a NASADAD voluntary data collection effort. All 50 States, the District of Columbia, American Samoa, Puerto Rico and the Virgin Islands participated in the 1986 SADAP. The information collected on alcohol and drug abuse services through SADAP is of considerable value and interest to the States, the Federal Government and the U.S. Congress, all of whom increasingly recognize the need for ongoing data collection.

The attached form, which I ask that you complete and submit to the NASADAD office by December 8, 1987, is the result of many hours of effort by a State consultant group made up of your peers and staff that met in August of this year. The format for the 1987 SADAP has been updated but maintains the key elements from prior years. One major change this year is the addition of four questions on the new emergency supplemental treatment monies as the last section of SADAP. This information will be of special interest to the U.S. Congress.

October 28, 1987
Page 2

Responses to the attached form should be gathered from secondary information sources already existing at the State level. As in previous years, a report displaying the information collected through the SADAP effort on a national and State-by-State basis will be made available to you once it is completed. Also, in recognition of the substantial contribution that you and your staff make to SADAP, we will include both your name and that of your data person in the final SADAP report.

Although the SADAP format has been designed to be simple and straightforward, a few brief instructions may assist your staff in completing the form. First, an updated glossary of terms has been included to assist in resolving any questions regarding definitions. The glossary of terms should be reviewed by your staff before responding to the questions on the SADAP form. Second, most questions request information only on those programs that received at least some funds administered by the State Alcohol/Drug Agency. For those programs, please provide information on all alcohol and drug resources and clients in such programs, not just the services or clients which are supported by State Alcohol/Drug Agency administered funds. Third, this year we are again requesting information on actual expenditures of funds. However, if you cannot provide actual expenditures in the timeframe given, please note this fact and provide your most recent allocation figures.

Finally, I urge you to give special attention to the two questions which request a narrative response on service needs and significant changes in alcohol and/or drug services (questions 13 and 14). In the past, information derived from the States' responses to these questions has proven invaluable to NASADAD and the Federal Government in demonstrating to the Congress and the Administration the major needs of the States. If you have any questions or require clarification on any of the requested items, please do not hesitate to contact Diane Canova, Project Manager of SADAP.

On behalf of the NASADAD Board of Directors and myself, I thank you for your ongoing cooperation and participation in our information collection efforts.

Sincerely,

Chauncey L. Veatch III
President

DC/lg

Enclosures

NASADAD
STATE ALCOHOL AND DRUG ABUSE PROFILE FOR FY 1987

State: _____ State Contact: _____ Telephone: () _____

Please complete and return this form by December 8, 1987 to: NASADAD, 444 North Capitol Street, N.W., Suite 520, Washington, D.C. 20001. REFER TO GLOSSARY OF TERMS FOR APPROPRIATE DEFINITIONS.

I. FUNDING INFORMATION

1. Report the total dollar expenditures for alcohol and drug abuse services by source of funding and type of activity for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1987. (NOTE: All boxes must be filled in with: (1) a dollar amount; (2) a zero "0" denoting that no funds from that funding source are expended for the particular activity; or (3) an "N/A" indicating that the information is not available.)

<u>Funding Source</u>	<u>Type of Activity</u>			TOTAL
	Treatment	Prevention	Other*	
A. ADMS Block Grant				
B. Other Federal				
C. State A/D Agency				
D. Other State				
E. County or Local				
F. Other Sources				
G. TOTAL				

* Includes State Alcohol/Drug Agency costs for administration, research, training, and other non-treatment and non-prevention categories).

2. Indicate the number of each of the following types of treatment units which received funds administered by the State Alcohol/Drug Agency in FY 1987:
- A. combined alcohol/drug treatment units _____.
- B. alcohol only treatment units _____.
- C. drug only treatment units _____.
3. Of all known alcohol and drug abuse treatment units in the State in FY 1987, regardless of funding source, estimate the percent that received any funds administered by the State Alcohol/Drug Agency _____.

II. ALCOHOL CLIENT INFORMATION

NOTE: All information in this section is to be based on alcohol client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Alcohol Agency during the State's FY 1987.

4. Enter the number of ALCOHOL treatment client admissions during FY 1987.

ENVIRONMENT	TYPE OF CARE			TOTAL
	Detoxification	Rehabilitation/ Residential	Outpatient	
Hospital				
Non-Hospital				
TOTAL				

5. Enter the number of ALCOHOL treatment client admissions during FY 1987 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals for age and sex categories.

A.

SEX AGE	NO. OF CLIENTS		TOTAL
	MALE	FEMALE	
UNDER 18 yrs.			
18 - 20			
21 - 24			
25 - 34			
35 - 44			
45 - 54			
55 - 64			
65 and over			
Missing/Unknown Information			
TOTAL			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

(NOTE: Grand totals in Questions 4, 5A and 5B should agree.)

III. DRUG CLIENT INFORMATION

NOTE: All information in this section is to be based on drug client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Drug Agency during the State's FY 1987.

6. Enter the number of DRUG treatment client admissions during FY 1987.

ENVIRONMENT	TYPE OF CARE			TOTAL
	Detoxification	Maintenance	Drug Free	
Hospital				
Residential				
Outpatient				
TOTAL				

7. For the DRUG treatment client admissions noted in item 6 above, enter the number of client admissions in each of the primary drug of abuse categories below:

Heroin	_____	Other Sedatives and Hypnotics	_____	Other Hallucinogens	_____
Non-RX Methadone	_____	Amphetamines	_____	Inhalants	_____
Other Opiates and Synthetics	_____	Cocaine	_____	Over-the- Counter	_____
Barbiturates	_____	Marijuana/ Hashish	_____	Other	_____
Tranquilizers	_____	PCP	_____	Missing/ Unknown	_____
				<u>TOTAL</u>	_____

8. Enter the number of DRUG treatment client admissions during FY 1987 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals by age and sex categories.

A.

AGE	SEX	NO. OF CLIENTS		TOTAL
		MALE	FEMALE	
UNDER 18 yrs.				
18 - 20				
21 - 24				
25 - 34				
35 - 44				
45 - 54				
55 - 64				
65 and over				
Missing/Unknown Information				
TOTAL				

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

(NOTE: Grand totals in Questions 6, 7, 8A and 8B should agree.)

IV. OTHER INFORMATION

9. Intravenous (IV) Drug Abuse

A. Enter the total number of DRUG treatment client admissions in State funded programs during FY 1987 who were IV drug abusers: _____. Please indicate whether this number is based on: individual client data _____ or is a guesstimate _____.

B. Estimate the total number of IV drug abusers in your State: _____.

Check basis of estimate for item B:

☐ Direct measure
e.g., prevalence study

☐ Indirect measures
or indicator data

☐ Informed guesstimate.

C. Do you have any information on Human Immunodeficiency (HIV) infection rates among IV drug users in your State? Yes _____ No. If "Yes" please provide information on the range of infection rates: _____% to _____% and append any available relevant data to this form.

10. Please list products currently available in your State that would be of interest and could possibly be replicated or used in other States, e.g., counselor and/or program certification/licensing standards, descriptions of innovative or model programs, model prevention and/or treatment plans, needs assessment survey methodologies, program monitoring systems or evaluation reports, resource allocation methodologies. After each product include name of contact person.

A. _____
B. _____
C. _____
D. _____
E. _____

11. Please provide the name, title and telephone number of your lead staff persons for each of the following areas:

	<u>Name</u>	<u>Title</u>	<u>Telephone Number</u>
AIDS:	_____	_____	_____
Data Collection/ Information Management:	_____	_____	_____
Drunk Driving:	_____	_____	_____
Evaluation:	_____	_____	_____
Homeless:	_____	_____	_____

12. Please identify your State Agency's top three policy issues.

- A. _____
- B. _____
- C. _____

13. Were there any major needs identified through your recent State planning process for which resources were not adequate to meet those needs? Yes _____ No _____

If yes, please provide a brief narrative description of those major needs and the types of resources required (e.g., staff, funds, facilities, technology, etc.).

14. Briefly describe any significant changes in alcohol and/or drug prevention and treatment services delivered within your State in FY 1987 and the reasons for these changes (e.g., AIDS, impact of funding changes; increased intoxicated driver enforcement efforts; voluntary group activities; and/or changes in drug abuse trends such as an increase or decrease in the use of cocaine).

V. ALCOHOL AND DRUG TREATMENT AND REHABILITATION (ADTR)
EMERGENCY SUPPLEMENTAL BLOCK GRANT TREATMENT FUNDS

Special instructions for all four questions in this section:

- o Total ADTR allocations include both the 45% and the 55% awards.
- o When clients are abusing both alcohol and drugs, classify by primary substance of abuse.
- o If you are unable to break out ADTR-funded client admissions by alcohol and drug, please put the total number of admissions in the "Both" column.

15. Report total allocations, both actual and planned, of all Federal FY 1987 ADTR monies as follows:

<u>Services</u>	<u>Alcohol</u>	<u>Drug</u>	<u>Both</u>
Expand Treatment/Rehabilitation	\$ _____	\$ _____	\$ _____
Expand Outreach	\$ _____	\$ _____	\$ _____
Expand Vocational Services	\$ _____	\$ _____	\$ _____
Administration (maximum 2%)	\$ _____	\$ _____	\$ _____
Other: specify _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Comments

16. Report client treatment admissions, both actual and planned, supported by all Federal FY 1987 ADTR monies as follows:

<u>Treatment Modality</u>	<u>Admissions Supported by ADTR Monies</u>		
	<u>Alcohol</u>	<u>Drug</u>	<u>Both</u>
Detoxification	_____	_____	_____
Methadone Maintenance	_____	_____	_____
Residential	_____	_____	_____
Outpatient	_____	_____	_____
Hospital Inpatient	(statutorily prohibited)		
Other: specify	_____	_____	_____
TOTAL	_____	_____	_____

17. Report allocations, both actual and planned, of all Federal FY 1987 ADTR monies targetted to specific drugs of abuse as follows:

<u>Drug of Abuse</u>	<u>ADTR Monies</u>
Alcohol	\$ _____
Opiates (all)	\$ _____
Cocaine	\$ _____
Marijuana/hashish	\$ _____
PCP	\$ _____
Inhalants	\$ _____
Other drugs: specify	
_____	\$ _____
_____	\$ _____

18. Report allocations, both actual and planned, of all Federal FY 1987 ADTR monies targetted to special populations as follows:

<u>Special Population</u>	<u>ADTR Monies</u>
AIDS Initiatives	\$ _____
Youth (under 18)	\$ _____
Women	\$ _____
Homeless	\$ _____
Criminal Justice	\$ _____
Dually Diagnosed	\$ _____
Minority Groups: specify	
_____	\$ _____
_____	\$ _____
Other: specify	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Comments (attach or include a brief description here of the services provided for the specified population(s))

SADAP - 1987
Glossary of Terms

ADMS Block Grant - Federal funds awarded to the State via the Alcohol, Drug Abuse and Mental Health Services Block Grant program, including the Part C, Emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Funds, and used to support the provision of alcohol and/or drug treatment or prevention services.

Client Admissions - Individuals admitted to and provided services in appropriate treatment settings according to State definitions.

County or Local Monies - Funds that are provided by county or local governments to support the provision of alcohol and/or drug treatment or prevention services.

Detoxification (Alcohol) - Restoration of client sobriety through medical or non-medical means under the supervision of trained personnel. Includes detoxification services provided in an inpatient or outpatient setting.

Detoxification (Drug) - Planned withdrawal from drug dependency supported by use of a prescribed medication.

Drug Free - A treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers, but the primary treatment method is counseling, not chemotherapy.

Hospital - An institution that provides 24-hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanent facilities that include inpatient beds, medical and nursing services. Clients should be counted if they are receiving detoxification or treatment services primarily for alcoholism and/or other drug abuse.

Maintenance - The continued administering and/or dispensing of methadone, L-alpha acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin and other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Native American - The race/ethnicity group including Alaskan Natives, American Indians and Native Hawaiians.

Other (Type of Activity) - Other activities beyond treatment or prevention services, e.g., training, research and administration. All State Agencies have some administration costs and these should be shown in this category.

Other Federal - All Federal funds used for support of alcohol and/or drug treatment or prevention services other than the ADMS Block Grant monies. These could include funds provided through Federal programs such as the Social Services Block Grant, Medicare, the Federal share of Medicaid, Veterans Administration, Indian Health Service, Department of Education, and Department of Justice.

Other Sources - All funds used for support of alcohol and/or drug treatment or prevention services other than monies from the ADMS Block Grant program, Other Federal, State A/D Agency, Other State, County or Local sources. These funds could include reimbursement from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers.

Other State - State revenues appropriated to State governmental units or programs other than the State Alcohol and/or Drug Agency which are used to support alcohol and/or drug treatment or prevention services. These funds may or may not eventually be administered by the State Alcohol and/or Drug Agency. These funds would include the State share of Medicaid funds provided for treatment services unless the Medicaid share is provided by the State Alcohol and/or Drug Agency's State appropriation.

Outpatient Alcohol - Evaluation and treatment, or assistance services, provided on a short-term basis to clients who reside elsewhere.

Outpatient Drug - Treatment provided by a unit where the client resides outside the facility. The client participates in a treatment program with or without medication according to a pre-determined schedule that includes counseling and other supportive care services. For the purpose of this effort, day care should be included in this category.

Outreach - Activities with objectives to increase the level of awareness of an agency's services in the community and among specific professionals to form linkages with referral, support and aftercare services. These activities may be in the form of public education, training, promotions, participation in coordination bodies, and other activities.

Prevention - Those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or peer group situations. These services may be directed at any segment of the population. When reporting allocation of ADMS Block Grant funds, early intervention services may be included within this category.

Rehabilitation/Residential (Alcohol) - An approach which provides in a hospital or non-hospital (including a halfway house) setting, a planned program of professionally directed evaluation, treatment or rehabilitation services for alcoholism and alcohol abuse.

Residential (Drug) - An environment where the client resides in a treatment unit other than a hospital. Drug treatment halfway houses, inpatient rehabilitation units, sanctuaries and therapeutic communities are included in this environment.

State A/D Agency Funds - State revenues, earmarked taxes or seized assets specifically appropriated to the State Alcohol and/or Drug Agency for support of alcohol and/or drug treatment, prevention or other related services.

Treatment - A broad range of formal organized services (including diagnostic assessment, detoxification, counseling, medical, psychiatric, psychological, social service, vocational services, outreach and aftercare support) for persons who have abused alcohol and/or drugs. These services are designed to alter specific physical, mental or social functions of persons under treatment by reducing client disability or discomfort, ameliorating the signs or symptoms caused by alcohol and/or drug abuse and influencing the behavior of such individuals in a positive way toward identified objectives/goals and improved functioning.

Treatment Unit - Discrete location, building or stand alone facility where alcohol and/or drug treatment services are provided by specially trained staff. In the case of outreach services, count only the permanent base of operations.

Vocational Services - Structures and consistent activities with an ultimate expectation of full or partial employment, including, but not limited to: job readiness training, vocational training, on-the-job training, apprenticeships, employment services, job search services. These services are not to be confused with formal academic or school activities.

APPENDIX B

STATE-BY-STATE POPULATION,
PER CAPITA INCOME, POPULATION DENSITY AND STATE
REVENUE FIGURES

STATE-BY-STATE POPULATION, PER CAPITA INCOME,
POPULATION DENSITY AND STATE REVENUE FIGURES

STATE	CIVILIAN POPULATION JULY 1, 1987	1987 PER CAPITA PERSONAL INCOME	POP. DENSITY (per sq. mile)	FY 1986 STATE GENERAL EXPEND. (in millions)
ALABAMA	4,058,000	11,780	79.9	5,899.7
ALASKA	501,000	17,886	0.9	3,888.5
AMERICAN SAMOA	32,395	N/A	419.0	N/A A
ARIZONA	3,359,000	14,030	29.6	4,688.3
ARKANSAS	2,378,000	11,343	45.7	3,132.8
CALIFORNIA	27,354,000	17,661	175.0	50,791.2
COLORADO	3,251,000	15,862	31.4	4,375.6
CONNECTICUT	3,196,000	20,980	656.0	5,403.8
DELAWARE	639,000	16,238	330.7	1,318.7
DISTRICT OF COL	615,000	20,303	9,761.9	2,938.2
FLORIDA	11,918,000	15,241	220.1	12,967.4
GEORGIA	6,153,000	14,098	106.0	7,973.7
GUAM	105,816	N/A	506.3	N/A A
HAWAII	1,024,000	15,366	159.4	2,241.3
IDAHO	992,000	11,820	12.0	1,322.9
ILLINOIS	11,544,000	16,347	207.5	16,108.1
INDIANA	5,324,000	13,834	153.7	7,111.0
IOWA	2,833,000	14,191	50.6	4,450.7
KANSAS	2,452,000	14,852	30.0	3,239.5
KENTUCKY	3,694,000	11,950	93.1	5,372.5
LOUISIANA	4,430,000	11,362	99.5	7,150.8
MAINE	1,177,000	13,720	38.0	1,913.8
MARYLAND	4,480,000	17,722	455.4	7,153.7
MASSACHUSETTS	5,842,000	18,926	746.7	11,445.4
MICHIGAN	9,189,000	15,330	161.3	15,602.3
MINNESOTA	4,244,000	15,783	53.4	7,858.3
MISSISSIPPI	2,602,000	10,204	55.1	3,483.4
MISSOURI	5,087,000	14,537	73.8	6,063.5
MONTANA	805,000	12,255	5.5	1,396.3
NEBRASKA	1,581,000	14,341	20.6	2,121.9
NEVADA	997,000	15,958	9.1	1,538.8
NEW HAMPSHIRE	1,052,000	17,133	117.0	1,158.5
NEW JERSEY	7,651,000	20,067	1,024.5	13,615.6
NEW MEXICO	1,483,000	11,673	12.2	3,098.4
NEW YORK	17,796,000	18,055	375.6	36,363.7
NORTH CAROLINA	6,308,000	13,155	129.1	8,649.5
NORTH DAKOTA	661,000	13,061	9.5	1,426.5
OHIO	10,771,000	14,543	262.7	15,372.0
OKLAHOMA	3,239,000	12,520	47.2	4,801.3
OREGON	2,722,000	13,887	28.3	4,232.7
PENNSYLVANIA	11,919,000	14,997	265.5	16,320.6
PUERTO RICO	3,187,570	N/A	931.8	N/A A
RHODE ISLAND	980,000	15,355	928.9	1,924.9
SOUTH CAROLINA	3,360,000	11,858	111.2	4,812.2
SOUTH DAKOTA	702,000	12,511	9.2	1,029.2
TENNESSEE	4,834,000	12,738	117.5	5,670.9
TEXAS	16,645,000	13,764	63.5	18,918.1
UTAH	1,674,000	11,246	20.4	2,793.2
VERMONT	548,000	14,061	59.1	1,014.1
VIRGIN ISLANDS	95,591	N/A	724.2	N/A A
VIRGINIA	5,727,000	16,322	144.2	8,238.9
WASHINGTON	4,480,000	15,444	67.4	8,100.5
WEST VIRGINIA	1,897,000	10,959	78.7	3,065.3
WISCONSIN	4,805,000	14,659	88.3	8,423.7
WYOMING	486,000	12,759	5.0	1,475.9
UNITED STATES	245,080,372	15,340		379,457.8

N/A - Information not available.

A - Data based on 1986 population figures.

APPENDIX C

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

ALABAMA:

- o Leff Resource Allocation Model - Greg Carlson (Research & Planning)
- o Substance Abuse Day Treatment - Mary Lee Rice (Division Director)
- o Pre-Admission and Concurrent Utilization Review for Substance Abuse - Ingram Gomillion

ALASKA:

- o Alaska Natives and Alcohol Bibliography - Matt Felix
- o Alcoholism Treatment and Client Functioning - Matt Felix
- o Alaska Counselor Certification Standards - Jim McMichael
- o "Here's Looking At You" School Curriculum Implementation - Matt Felix
- o DWI Screening, Referral, and Followup Services - Emily McKenzie

ARKANSAS:

- o Chemical-Free Living Centers (Live-in and Work Programs) - John Chmielewski
- o Early Intervention Programs - Bill Davis
- o Treatment Program Accreditation Standards - William Bohannon

CALIFORNIA (ALCOHOL):

- o Friday Night Live - Paul Wyatt
- o Needs Assessment - Phil Rankin
- o Administrative Review Standards - Jenny Puga
- o Framework for Community Initiatives - Karen Stroud
- o Alcohol Credentialing Task Force - Final Report - Noralee Bradley

CALIFORNIA (DRUG):

- o Third-Party Payments Manual - Bob Gonzales
- o Standards for Drug Treatment Programs - Don Dooley
- o County Review Manual - Don Dooley
- o Program Review Manual - Don Dooley
- o Certification Review Instrument - Don Dooley
- o Methadone Regulations, California Administrative Code, Title 9 - Jean Brinkley
- o Methadone Review Instrument - Jean Brinkley
- o Prevention Standards - Queen Watson

COLORADO:

- o Colorado State Epidemiology Work Group Reports - Bruce Mendelson
- o Colorado Drug Use Trends - Bruce Mendelson
- o Colorado Prescription Drug Trends - Bruce Mendelson
- o Colorado Fiscal Policies and Criteria for Reimbursement - Marcia Gladstune

CONNECTICUT:

- o Establish an HIV Education and Testing Program Within Substance Abuse Programs - Robert Savage

DELAWARE:

- o Program Licensing Standards - Marcia Fernandez-Hermo
- o Contract/Program Monitoring Protocol - Marcia Fernandez-Hermo
- o Fee-for-service Contract Mechanism - Harris Taylor
- o Model Public/Private Program Effort - Harris Taylor

DISTRICT OF
COLUMBIA:

- o Health's In (Storefront Health Promotion) - Marita Kizzie

DISTRICT OF
COLUMBIA (ccn't):

- o PARADE (Community Mobilization) - Susan Meehan
- o Kennilworth Parkside (Housing Project) - Dr. Alice Murray
- o Living Stage (Drama Group) - George McFarland

FLORIDA:

- o Florida Statewide Epidemiology Work Group - Linda Lewis
- o State Alcohol and Drug Abuse Licensing Standards- Linda Lewis
- o ALPHA/BETA Programs (School Based Programs for Children At Risk) - Linda Lewis
- o Development of Statewide AIDS Task Force - Frank Nelson

GUAM:

- o Model Prevention Plans - Barbara S. N. Benavente
- o Innovative Programs - Richard Hartendorp
- o Counselor Participation - Vicky Duenas
- o Model Treatment Plans - Robert Borger
- o Program Monitoring and Evaluation - A. S. Dignadice

HAWAII:

- o Counselor Certification - Pat Hunter
- o State Employee Assistance Program - John McCarthy
- o Third Party Reimbursement Legislation Struggle - Pat Hunter
- o Use of VISTA workers for Community Prevention - Roger Messner

IDAHO:

- o Re-Drafting State Standards for Licensure, Rules & Regulations, for Treatment Facilities - Shelly Rust

IDAHO (con't):

- o Revised Alcohol/Drug Abuse Evaluators Rules, Regulations & Minimum Standards - Shelly Rust
- o Standardized DUI Evaluation Reporting Form - Shelly Rust
- o 6th Grade Learning Unit - Shelly Rust

ILLINOIS:

- o Quality Assurance Manual
- o Street Drug Dictionary
- o Generic Drug Listings
- o Trade Name Drug Listings for Schedule II Designated Product Prescription Drugs which require the Triplicate Form
- o DUI Regulations
- o Consolidated Licensure

INDIANA:

- o Certification Standards
- o Prevention Resource Center & District Coordinating Office System for Prevention
- o Training Models for Direct Service Staff

IOWA:

- o Correctional Licensure Standards - G. Dean Austin
- o Elderly Prevention Project - Cynthia Kelly

KANSAS:

- o Kansas Regional Prevention Plan - Elaine Brady Rogers
- o Kansas Minimal Needs and State-of-the-Art Continuum Plan - Larry Hinton
- o Treatment Program Licensing/Certification Standards- David Chapman
- o Kansas School Team Training - Elaine Brady Rogers
- o Grants Management System - Michael Flyzik

KANSAS (con't):

- o Information Resources Systems - Larry Hinton
- o ADAPT Program. (Treatment within Penal Institutions)- Ron Miller

KENTUCKY:

- o State Plan - Hugh Spalding
- o Champions Against Drugs (Prevention Program) - Dianne Shuntich
- o Substance Abuse Non-Medical Licensure Standards - Carol Sauers
- o State Methadone Protocol - Carol Sauers
- o DUI Program Report - Don Thurber

LOUISIANA:

- o Licensing Standards for Alcohol & Drug Abuse Programs- Steve Phillips
- o Guidelines for Rehabilitation Programs for Operating a Vehicle While Intoxicated - Stanford Hawkins

MARYLAND:

- o COPYIR - Counseling and Outreach Program for Youth in Resects - Howard B. Silverman
- o Quality Assurance Program - James Reagan
- o Substance Abuse Management Information System - William Rusinke

MICHIGAN:

- o Fundamentals of Substance Abuse Counseling - Judith Pasquarella
- o Effective Substance Abuse Counseling with Specific Population Groups - Judith Pasquarella
- o Michigan Model for Comprehensive School Health Education - Ilona Milke
- o Purchasing Substance Abuse Treatment: Toward a System for Enhancing Positive Outcome - Jarl Nischan

MINNESOTA:

- o Drug and Alcohol Normative Evaluation System - Carl Haerle
- o Video Tapes on CD and Hearing Impaired - Phil Brekken
- o Criteria for Assessment and Placement of Clients - Lee Gartner
- o Curriculum for Assessment Training - Karen Edens

MISSISSIPPI:

- o K-9 Statewide Prevention Program; - June Milam

MISSOURI:

- o Certification Standards Regarding Adolescent Programs- Robert McClain
- o Steps to Counteract Maldistribution of Services- Robert McClain
- o Statewide Training Needs Assessment Process - Richard Hayton
- o School/Community Team Training Model - Richard Hayton
- o Regional Teen Institute Model - Richard Hayton
- o Cooperation: A Tradition in Action. Self-Help Involvement of Clients in Missouri Alcohol and Drug Abuse Treatment Programs - Gerrit DenHartog
- o REP for MIPS - Randolph Hodill
- o Regional Managers Audit Guide - Michael Couty

MONTANA:

- o Counselor Certification Standards
- o Treatment Program Approval and Evaluation Standards
- o Alcohol and Drug Client Information System
- o Standards for Minors in Possession (MIP) Educational Programs
- o Standards for Driving Under the Influence (DUI) Educational Programs

NEBRASKA:

- o Program Certification Standards - Romeo Guerra
- o School Curriculum/Teacher Training - Gordon Tush
- o Five Year State Systems Plan - Gordon Tush
- o Community Organization Retreat Module - Youth and Adult Steve McElravy

NEVADA:

- o Personnel Certification/Program Accreditation Standards Mary Jenkins
- o AIDS Course for Alcohol Drug Counselors/Administrators Richard Ham
- o Innovative Recreational Prevention Programs - Kathy Bartosz
- o Federal Funding for Municipal EAP's - Sharyn Peal
- o Statewide Prevention Task Forces - Richard Ham
- o Joint Projects with Youth Detention Facilities - Mary Jenkins

NEW HAMPSHIRE:

- o Outward Bound Adolescent Treatment Program - Denise Devlin
- o Woman's Halfway House and J.T.P.A. Project - Denise Devlin

NEW JERSEY:

- o Mandatory Drug Treatment Reimbursement Legislation
- o Residential Alcohol Treatment Facilities - Cost Account and Rate Evaluation Guide
- o Alcohol Education Rehabilitation and Enforcement Fund Legislation (Designated Beverage Tax)
- o Statewide Community Organization Program (SCOP)
- o Certification of Drug and Alcohol Counselors

NEW MEXICO:

- o Governor's Alliance Against Drugs (11/86 Report)
Contains Model Prevention Plans, Model Treatment Plans
and Policies, - Kent McGregor
- o Student Drug Use Incidence and Prevalence Survey and
Findings - (10/86 Report) Kent McGregor
- o Models for an Outpatient Alcohol Detoxification and
Intensive Outpatient Rehabilitation (one to six hours
day treatment) - Mela Salazar

NEW YORK (ALCOHOL):

- o Standards for the Operation of Various Treatment
Settings, Including Community Residences, Youth
Residential Progrms, and Inpatient and Outpatient
Alcoholism Facilities - William T. Tyrell
- o "Community Action" Multi-Media Campaign (TV, Radio,
Brochures, Posters, etc.) - Betsy Comstock
- o "High Risk, Low Risk Drinking" Multi-Media Campaign -
Betsy Comstock
- o "Early Warning Signs and Symptoms" Multi-Media Campaign
- Betsy Comstock
- o "High Risk Groups" Multi-Media Campaign - Betsy
Comstock
- o Posters
 - "Wine Coolers"
 - "Beer is a Drug"
 - "Alcohol-It Takes all Kinds of People"
 - Contact - Betsy Comstock
- o "Q's and A's" - Basic Informational Brochure on Alcohol
Abuse - Betsy Comstock
- o Trainer's Manuals: Alcoholism Counseling: Core
Curriculum (Cost outside the alcoholism field and out
of State) - Bureau of Professional Development
- o Primer on Alcoholism (Cost out of State and for
multiple copies) - Bureau of Professional Development
- o Guidelines for Development of Alcoholism and Alcohol
Abuse Programs (Description of Model Programs) Robert
S. Ball

NEW YORK (ALCOHOL) (con't):

- o 1987 Update to Five-Year Comprehensive Plan for Alcoholism Services in New York State 1984-1989- Focus on Research, Planning and Professional Development (Comprehensive Need Methodology) - Robert S. Ball
- o 1988 Update to Five-Year Comprehensive Plan for Alcoholism Services in New York State 1984-1989 - Focus on Treatment and Rehabilitation (Treatment Program Guidelines) - Robert S. Ball

NEW YORK (DRUG):

- o AIDS Institute, Narcotic and Drug Research, Inc. - John Randall
- o Homeless Emergency Assistance Referral and Treatment (HEART Project) - John Gustafson

NORTH DAKOTA:

- o Licensing of Counselors - John J. Allen
- o Licensing of Treatment Facilities - John J. Allen
- o Youth Alcohol & Drug Survey (grades 7-12) - John J. Allen

OHIO:

- o Driver Intervention Program Cost Reimbursement System- Walter Hull
- o Teenage Institute on Alcohol and Other Drugs - Rob Steele
- o Ohio Drug and Alcohol Studies Institute - Etolia Rowe
- o Program Certification Standards Process - Louis Haynes
- o Management and Fiscal Information System - Walter Hull and Larry Isch
- o Prevention Professional Credential/Certification Program - Frank Underwood, BAAAR
- o Ohio Prevention and Education Conference - Sharon Wilson, BuDA
- o Statewide "Just Say No" Poster Contest/Walk Against Drug Abuse - Sharon Wilson, BuDA

OHIO (con't):

- o AIDS Information and Training Project for Substance Abuse Programs - Terre Welshon, BuDA
- o Substance Abuse and the Hearing Impaired: Developing Strategies for Treatment and Prevention - Terre Welshon, BuDA
- o Ohio Drug and Alcohol Studies Institute - Terre Welshon, BuDA
- o Prevention Resource Center - Sharon Wilson, BuDA
- o "Be Smart/Don't Start" Statewide Campaign - Sharon Wilson, BuDA
- o High Risk Youth Demonstration Grants - Frank Underwood, BAAAR
- o Monitoring/Evaluating the 45% and 55% ADTR - Sarah-Jane Workman, BuDA

OKLAHOMA:

- o Oklahoma Mental Health Information System (OMHIS)
- o Standards and Criteria Manual for Alcohol and Drug Program Certification
- o Women's Halfway House that Includes their Children
- o State Wide Training Model

OREGON:

- o Revised Methadone Regulations - Vern Madison
- o Revised Residential Treatment Program Regulations-Clark Campbell
- o Program Concepts for Alcohol and Other Drug Treatment in Minimum Security Correctional Units - Jeff Kushner
- o 2nd Biennial Adolescent Survey - Jeff Kushner
- o Alcohol Treatment Longitudinal Follow-up Survey-Marilyn Wachal
- o Dual Diagnosis Report and Recommendations - Patricia Saenz

PENNSYLVANIA:

- o Teen Pregnancy/Parenting Program - Joyce Robertson
- o Student Assistance Programs - Joyce Robertson
- o Treatment Alternatives to Street Crimes - Gloria Martin-Payne
- o Underage Drinking Program - Velitta Prather
- o Absenteeism Programs - Joyce Robertson

PUERTO RICO:

- o Project (RED) Interagency Network for Prevention - Ana I. Emmanuelli
- o Program of Preventive Orientation and Counseling to Parents of Students in the Public Schools of Puerto Rico - Ana I. Emmanuelli
- o Alcoholism Treatment Modules for Imprisoned Alcoholics or Alcohol Abusers in Penal Institutions - Alejandrina Lugo
- o Implemenation of Therapeutic Community Concept in Drug Treatment for Minors - Lizzie Torres (809) 763-8570
- o Regulations to Evaluate and License Institutions, Facilities or Diagnosis Centers - Nadina Rentas
- o Regulations to Evaluate and License Institutions, Facilities or Centers for Prevention - Nadina Rentas

RHODE ISLAND:

- o 1987 Harvard University Needs Assessment: Drug Abuse Treatment & Prevention Plan for R.I. - E. Koch
- o 1985 Brown Needs Assessments: a) Substance Abuse Treatment in R.I.--Population Needs & Program Development; b) Care for the Chronic Inebriate - E. Koch
- o 1987 Legislation - Insurance Coverage for Treatment of Substance Abuse - E. Koch
- o Bramley Bill (Legislation which provides funding for municipal prevention programs through directing revenues from motor vehicle violation penalties into a restricted receipt account specifically for funding drug prevention programs) - E. Koch

RHODE ISLAND (con't):

- o Model "School Substance Abuse Policy Guide" (K-12)- David Hamel
- o Model "Children of Alcoholics Prevention Program (Redhouse Program - ages 3-18) - David Hamel
- o Driving While Intoxicated (DWI) Legislation: - Jo-Ann Cotnoir
- o Bridge Aftercare Project (Peer Support for Recovering Addicts) - Kerry O'Neil
- o Counselor Certification Standards - David Hamel
- o Transitional/Long-Term Care Model for Chronic Inebriates - Erika Koch
- o Human Ecology Program (K-12 Substance Abuse Curriculum) - David Hamel
- o Peer Education Program - David Hamel

SOUTH CAROLINA:

- o Credentialing Criteria - Counselor, Intervention Specialist, Prevention Specialist - J. Trent
- o Treatment Standards for Subcontractors - James Neal
- o "On a Pedestal" - Original Skits on Alcohol, Drug, and Women - Judith Miller
- o Women's Alcohol Education Package - Gaye Christmas
- o Trainer's Manual for "Identification and Referral of Substance Abusing Youth" - Moses Rabb

SOUTH DAKOTA:

- o Accreditation Standards
- o Counselor Certification
- o High School Survey

TENNESSEE:

- o Counselor Certification - Sharon Shaw
- o Licensing-Programmatic Monitoring Systems-Evaluation Reports - Herb Stone

TENNESSEE (con't):

- o Prevention-Early Intervention - Kay Wilson
- o Innovative Prevention Programs - Kay Wilson, Mike Herrmann

UTAH

- o Funding Formula Development Process - Jan Pierce, Chairperson State Board
- o Youth Programs - PRIDE and IMPROV - Laurie Hargraves, West High; Mary Lou Emerson-Bozich, State Education
- o Weber Youth Treatment Assessment - Harold Morrill, Director
- o Summit County Project (Prevention) - Susan Carcelli, Director

VERMONT:

- o Counselor Approval Regulations
- o Standards for Treatment Programs
- o Quality Assurance Protocols and Criteria

VIRGINIA:

- o Training Manual for Staff at Social Setting Detox Programs - Ken Howard
- o Community Services Board Evaluations - Shep Zeldin
- o Resource Allocations - Randy Koch

WEST VIRGINIA:

- o Counselor Certification Standards - Mary Pesetsky
- o Adolescent Substance Abuse Resource Manual - Bruce Clay
- o West Virginia Adolescent Substance Abuse Services Plan
Bruce Clay

WISCONSIN:

- o Program Standards - Dan Grossman
- o Counselor Certification Standards - Lowell Jenkins

WISCONSIN (con't):

- o Needs Assessment Evaluation System - Mike Quirke
- o Allocation Methods - Clem Jauquet
- o AIDS/IV Drug Use Training - Deborah Powers
- o Model Programs - Prevention - Lou Oppor
- o Model Programs - Treatment - Dorothy Houden
- o Model Programs - Native American - Clem Jauquet
- o Model Programs - Other Minorities - Kathy O'Connor

WYOMING:

- o Intensive Outpatient Demonstration Project - Carol Day

APPENDIX D

NAME, TITLE AND TELEPHONE NUMBERS OF LEAD STATE STAFF
PERSONS BY STATE ON SPECIFIC TOPIC AREAS INCLUDING:

- o AIDS
- o DATA COLLECTION/INFORMATION MANAGEMENT
- o DRUNK DRIVING
- o EVALUATION
- o HOMELESS PROGRAMS

NAME, TITLE AND TELEPHONE NUMBER OF LEAD STATE
STAFF PERSONS

	NAME	TITLE	TELEPHONE NUMBER
<u>ALABAMA</u>			
Data Collection/ Information Management:	Larry Williams	Analyst	(205) 271-9271
Evaluation:	Howard Blalock	Chief, Evaluation	(205) 271-9277
Homeless:	Jay Muller	Chief, Program Development	(205) 271-9261
<u>ALASKA</u>			
AIDS:	Roslyn Reeder	Health Facility Surveyor	(907) 561-4213
Data Collection/ Information Management:	Peter Kinney	Management Analyst	(907) 586-6201
Drunk Driving:	Emily McKenzie	Program Coordinator	(907) 264-0735
Evaluation:	Jim McMichael	Regional Coordinator	(907) 561-4213
Homeless:	George Mundell	Regional Coordinator	(907) 586-6201
<u>ARIZONA</u>			
AIDS:	John Migliaro	Inspection Team Leader	(602) 255-1175
Data Collection/ Information Management:	Tom Bradbeer	Management Analyst	(602) 255-1160
Drunk Driving:	Tom Bland	Program Representative	(602) 255-1170
Evaluation:	Kendis Stake	Executive Consultant	(602) 255-1140
Homeless:	Cheryl Fanning	Health Planning Consultant	(602) 255-1144

NEW ENGLAND

AIDS:
Data Collection/
Information Management:
Donnie Smith (501) 861-2000
Paula Teaters (501) 682-6661
Drunk Driving:
Georgia Swearigen (501) 371-1101
Evaluation:
William Bohannon (501) 682-6655
Homeless:
John Chmielewski (501) 682-6657

CALIFORNIA

AIDS:
Data Collection/
Information Management:
Kurt Klemencic (916) 323-2058
Susan Nisenbaum (916) 323-2008
Drunk Driving:
Joy Jarfors (916) 322-2964
Evaluation:
Lois Lane Lowe (916) 323-2036
Homeless:
Sherry Conrad (916) 322-2911

COLORADO

AIDS:
Data Collection/
Information Management:
Danelle Young (303) 331-8237
Drunk Driving:
Bruce Mendelson (303) 331-8222
Evaluation:
Bud Meadows (303) 331-8207
Homeless:
Bruce Mendelson (303) 331-8222
Danelle Young (303) 331-8237

CONNECTICUT

AIDS:
Data Collection/
Information Management:
Robert Savage (203) 566-3123
Allan M. Duran (203) 566-4622

COLUMBIA COUNTY, GEORGIA

Drunk Driving: John Kmetz (203) 566-4414
 Evaluation: Allan M. Duran (203) 566-4622
 Homeless: Julie Konopka (203) 566-4622

DELAWARE

AIDS: Fran Didomenicis (302) 421-6109
 Data Collection/
 Information Management: Charles Reilly (302) 421-6101
 Drunk Driving: Jack A. Yeatman (302) 421-6101
 Evaluation: Barbara Melville (302) 421-6101
 Homeless: Judith Johnston (302) 421-6101

DISTRICT OF COLUMBIA

AIDS: Jane Silver (202) 673-3679
 Data Collection/
 Information Management: Charles W. Avery (202) 724-5637
 Drunk Driving: Charles W. Avery (202) 724-5637
 Evaluation: Vernell Roberts (202) 724-5641
 Homeless: David Hooper (202) 673-7700

FLORIDA

AIDS: Linda Lewis/
 Frank Nelson (904) 488-0900
 Data Collection/
 Information Management: Naomi Meness (904) 488-0900
 Drunk Driving: Charles Rabaut (904) 489-0900

HAWAII (cont.)

Evaluation:	Heumi Haness	Data Information and Coordinator	(904) 488-0900
Homeless:	Frank Nelson	Program Supervisor	(904) 488-0900
<u>GEORGIA</u>			
AIDS:	Nancy Record	Director, Special Projects	(404) 894-5321
Data Collection/Information Management:	Margaret Taylor	Special Assistant	(404) 894-6351
Drunk Driving:	Tony LaSalata/ Jane Martin		(404) 894-5031 (404) 894-4218
Evaluation:	Margaret Taylor	Special Assistant	(404) 894-6351
Homeless:	Margaret Taylor	Special Assistant	(404) 894-6351
<u>GUAM</u>			
Data Collection/Information Management:	Joseph P. Claveria	Planner	(671) 646-9261-9
Drunk Driving:	Robert Borger	Alcohol Therapist	(671) 646-9261-9
Evaluation:	Aniceto Dignadice	OA Coordinator	(671) 646-9261-9

HAWAII

AIDS:	John McCarthy	Program Specialist	(808) 548-4280
Data Collection/Information Management:	Janice Roberts	Program Specialist	(808) 548-4280
Evaluation:	Joyce Ingram-Chinn	Chief, ADAB	(808) 548-4280
Homeless:	Joyce Ingram-Chinn	Chief, ADAB	(808) 548-4290

IDAH0

AIDS:	Pat Balistreri	Area Specialist	(208) 334-5935
Data Collection/Information Management:	Tim Schaaf	Micro Program	(208) 334-5935

INDIAN (cont.)

Drunk Driving:	Pat Balistreri	Area Specialist	(208) 334-5935
Evaluation:	Pat Balistreri	Area Specialist	(208) 334-5935
Homeless:	Pat Balistreri	Area Specialist	(208) 334-5935
<u>ILLINOIS</u>			
AIDS:	L. Hargnett	Deputy Director	(312) 917-2300
Data Collection/	J. Woodruff	Administrator	(217) 782-0685
Drunk Driving:	M. Bishop	Administrator	(312) 917-6387
Evaluation:	L. Hargnett	Deputy Director	(312) 917-2300
Homeless:	J. Bimler	Administrator	(217) 782-5262

INDIANA

AIDS:	Joseph E. Mills, III	Director	(317) 232-7818
Data Collection/	Edward Ward	Director MIS	(317) 232-7816
Information Management:			
Drunk Driving:	Joseph E. Mills, III	Director	(317) 232-7818
Evaluation:	Robert Tyburski	Director, Central Office	(317) 232-7818
Homeless:	Joseph E. Mills, III	Director	(317) 232-7818

IOWA

Data Collection/	Janet Zwick	Director, Division of Substance Abuse	(515) 281-4417
Information Management:	Larry Coghlan	Chief, Bureau of Data Processing	(515) 281-3583
Drunk Driving:	Louise Lee, Ph.D.	Administrator, Office of Health Planning	(515) 281-4346

KANSAS

AIDS: Kate Ames-Oliver Licensing Consultant (913) 296-3925
 Data Collection/ Larry Hinton Administrator (913) 296-3925
 Information Management:
 Drunk Driving: Ron Miller Administrator (913) 296-3925
 Evaluation: Larry Hinton Administrator (913) 296-3925
 Homeless: Larry Hinton Administrator (913) 296-3925

KENTUCKY

AIDS: Richard Miller Criminal Justice (502) 564-2880
 Liaison
 Data Collection/ Hugh Spalding Manager (502) 564-3487
 Information Management:
 Drunk Driving: Don Thurber DUI Administrator (502) 564-3487
 Evaluation: Hugh Spalding Manager (502) 564-3487
 Homeless: Terry Adair Program Coordinator (502) 564-3487

LOUISIANA

AIDS: Theresa Harris Program Officer (504) 922-0713
 Data Collection/ Annie Chapman Management Analyst (504) 922-0712
 Information Management:
 Drunk Driving: Sanford Hawkins Program Officer (504) 922-0727
 Evaluation: Gwenda McKenzie Program Officer (504) 922-0711
 Homeless: Gwenda McKenzie Program Officer (504) 922-0711

MISSISSIPPI

AIDS: Catherine St. Pierre Research & Evaluation (207) 289-2781
 Specialist
 Data Collection/ Catherine St. Pierre Research & Evaluation (207) 289-2781
 Information Management: Specialist
 Drunk Driving: Dorothy Mithee Prevention Specialist (207) 289-2781

MAINE (cont.)

Evaluation: Sylvia Lund Supervisor, Quality Assurance (207) 289-2781

Homeless: Nell Miner Director, GADAF (207) 289-2781

MARYLAND

AIDS: Stephen Goldklang Assistant Director ASA (301) 225-6872

Data Collection/
Information Management: William Rusinko Chief, MIS (301) 225-6886

Drunk Driving: Wayne Kemske Chief, Criminal Justice (301) 225-6563

Evaluation: Charles Alexander Chief, Certification (301) 225-0902

Homeless: William Lowey Chief, Special Population (301) 225-6551

MASSACHUSETTS

AIDS: Jo-ann Kwass AIDS Coordinator (617) 727-1960

Data Collection/
Information Management: Dennis McCarty Director, Planning & Evaluation (617) 727-8614

Drunk Driving: Janice Hayes Assistant to Director (617) 727-8614

Evaluation: Phil Carrozza Manager, Evaluation (617) 727-1960

Homeless: Joe Vallety Program Coordinator (617) 727-8614

MICHIGAN

AIDS: Cliff Allo Chief, Quality Assurances & Operations (517) 335-8855

Data Collection/
Information Management: Richard Calkins Chief, Evaluation (517) 335-8833

Drunk Driving: Mark Steinberg Senior Policy Analyst (517) 335-8833

Evaluation: Richard Calkins Chief, Evaluation (517) 335-8833

Homeless: Judith Pasquarella Chief, Network of Care (517) 335-8831

010004-20116

AIDS:

Data Collection/
Information Management:

Carol Fallowski

Research Coordinator

(612) 296-4616

David Luenig

Research & Evaluation
Director

(612) 297-4079

Drunk Driving:

Carol Fallowski

Research Coordinator

(612) 296-4616

Evaluation:

Doug Perry

Evaluation Coordinator

(612) 296-4767

Homeless:

Wayne Raske

Alcohol Services
Specialist

(612) 296-2174

MISSISSIPPI

AIDS:

Data Collection/
Information Management:

Anne D. Robertson, MSW

Division Director

(601) 359-1297

Claude McCants

(601) 359-1614

Drunk Driving:

Herb Loving

(601) 359-1297

Evaluation:

Anne D. Robertson, MSW

Division Director

(601) 359-1297

Homeless:

Anne D. Robertson, MSW

Division Director

(601) 359-1297

MISSOURI

AIDS:

Data Collection/
Information Management:

Andrew L. Homer

Coordinator

(314) 751-4942

Andrew L. Homer

Coordinator

(314) 751-4942

Drunk Driving:

Robert McClain

Coordinator

(314) 751-4942

Evaluation:

Andrew L. Homer

Coordinator

(314) 751-4942

Homeless:

James Topolski

Planner

(314) 751-4942

MONTANA

AIDS:

Data Collection/
Information Management:

Richard Chioffi

Dept. of Health

(406) 444-4740

Darryl Bruno

Dept. of Institutions

(406) 444-4927

Drunk Driving:

Bill Elliot

Dept. of Justice

(406) 444-3001

Puerto Rico (cont.)

Evaluation: Norma Boles (406) 444-4931
Dept. of Institutions
Homeless: Dan Anderson (406) 444-3771
Dept. of Institutions

NEBRASKA

AIDS: Paul Stoesz (402) 471-2937
Disease Control
Specialist

Data Collection/
Information Management: Robert Bussard (402) 471-2851
Program Specialist

Drunk Driving: Fred Zwonechek (402) 471-2515
Highway Safety
Administrator
Homeless: John McVay (402) 471-2851
Program Specialist

NEVADA

AIDS: Richard Ham (702) 885-4790
Bureau Chief

Data Collection/
Information Management: Paul Richey (702) 885-4790
Management Analyst

Drunk Driving: Kathy Bartosz (702) 885-4790
Program Analyst

Evaluation: Mary Jenkins (702) 885-4790
Statewide Program
Coordinator

Homeless: Kathy Bartosz (702) 885-4790
Program Analyst

NEW HAMPSHIRE

AIDS: Edward Christopher (916) 271-4467
AIDS Coordinator

Data Collection/
Information Management: Alan Parent (916) 271-4637
MIS Analyst

Drunk Driving: William Walker (916) 271-4633
IDIP Consultant

Evaluation: James Shanclaris (916) 271-4626
Program Specialist

Homeless: Denise Devlin (916) 271-4629
Assistant Director

NEW JERSEY

AIDS: Peter D. Stratton E.A. (609) 292-5050
Data Collection/
Information Management: John French Chief (609) 984-4050
Drunk Driving: Dave Evans Chief (609) 588-3544
Evaluation: John French Chief (609) 984-4050

NEW MEXICO

AIDS: Kent McGregor Bureau Chief (505) 827-2589
Data Collection/
Information Management: Gary Ortiz Program Manager (505) 827-2589
Drunk Driving: Kent McGregor Bureau Chief (505) 827-2589
Evaluation: Gary Ortiz Program Manager (505) 827-2589
Homeless: Kent McGregor Bureau Chief (505) 829-2589

NEW YORK (ALCOHOL)

AIDS: William Panepinto Assistant Director (518) 474-4532
Data Collection/
Information Management: Edward J. DeFranco Assistant Director (518) 474-6424
Drunk Driving: William Williford Assistant Director (518) 473-4386
Evaluation: Robert Ball Assistant Director (518) 474-3378
Homeless: William Panepinto Assistant Director (518) 474-4532

NEW YORK (DRUG)

AIDS: Francis McCorry Special Assistant to Director (212) 870-8498
Data Collection/
Information Management: James Tansey Chief, Data Processing (518) 457-6631
Drunk Driving: John Russell Deputy Director, Program (518) 457-0213
& Development

NEW YORK (DRUG) (cont.)

Evaluation: Dr. Douglas Lipton (212) 870-8468
Deputy Director,
Research & Evaluation
Homeless: John Gustafson (518) 457-7629
Deputy Director, Bureau
of Government & Community
Relations

NORTH CAROLINA

AIDS: Les McLeMore (919) 733-4670
Chief, Program Support
Data Collection/
Information Management: Sarah Brooks (919) 733-4460
Chief, Client
Information
Drunk Driving: Pete Martin (919) 733-0566
Chief, DWI Branch
Evaluation: David Langmeyer (919) 733-3295
Chief, Evaluation Branch
Homeless: Les McLeMore (919) 733-4670
Chief, Program Support

NORTH DAKOTA

AIDS: John J. Allen (701) 224-2769
Director
Data Collection/
Information Management: John J. Allen (701) 224-2769
Director
Drunk Driving: John J. Allen (701) 224-2769
Director
Evaluation: John J. Allen (701) 224-2769
Director
Homeless: John J. Allen (701) 224-2769
Director

OHIO

AIDS: Terre Welshon (614) 466-7893
Prevention Coordinator
Data Collection/
Information Management: Walter Hull/
Rudy Holliday (614) 466-3445
Research Administrator
Drunk Driving: Walter Hull/
Sylvia Walker (614) 466-3445
Research Administrator
Evaluation: Roger Kenton (614) 466-7893
Program Manager

UTAH

AIDS: Paula Grove (405) 271-7474 Deputy Director, A/D Division

Data Collection/Information Management: Debbie Bonn (405) 271-7474 Acting Administrator Research & Evaluation

Drunk Driving: Sam Marshall (405) 271-7474 A/D Program Coordinator

Evaluation: Jaqui Clinno (405) 271-7474 Director of Research

Homeless: Sydney Krity (405) 271-7474 Director of Case Management

OREGON

AIDS: Vern Madison (503) 378-2163 Training Manager

Data Collection/Information Management: Marilyn Wachal (503) 378-2163 Planning/Evaluation Manager

Drunk Driving: Keith Urban (503) 378-2163 Regional Coordinator

Evaluation: Marilyn Wachal (503) 378-2163 Planning/Evaluation Manager

Homeless: Toni Phipps (503) 378-2163 Regional Coordinator Supervisor

PENNSYLVANIA

AIDS: Peter Pennington (717) 783-8675 Director, Bureau of Community Assistance

Data Collection/Information Management: Michael Filanowski (717) 783-8675 Director, Division of Program Monitoring

Drunk Driving: Gloria Martin-Payne (717) 783-8200 Director, Division of Prevention & Intervention

Evaluation: Peter Pennington (717) 783-8675 Director, Division of Community Assistance

Homeless: Peter Pennington (717) 783-8675 Director, Division of Community Assistance

Puerto Rico

Data Collection/Information Management: Hector Penalvert (809) 763-5414 Director

PUBLICHO RICHMOND

Drunk Driving: Alejandrina Ingo (809) 764-2888 Assistant Secretary
Alcoholism Treatment

Evaluation: Hector Colon (809) 751-2330 Director

RHODE ISLAND

AIDS: Gail Lamphere (401) 464-2531 Program Manager

Data Collection/
Information Management: Kathleen Taylor (401) 464-1683 Data Entry Unit
Supervisor

Drunk Driving: Jo-Ann Colnoir (401) 464-2381 Acting TASC Coordinator

Evaluation: Haig Raky (401) 464-2091 Assistant Administrator

Homeless: Gail Lamphere (401) 464-2531 Program Manager

SOUTH CAROLINA

AIDS: Iva L. Mouzon (803) 734-9587 Treatment Consultant

Data Collection/
Information Management: Kenneth Bruckington (803) 734-9574 D.P. Manager

Drunk Driving: Alfred Roberson (803) 734-9551 Manager Health/Legal
Services

Evaluation: Edwin Self (803) 734-9578 Research Director

Homeless: Bobby J. Hill (803) 734-9530 Director, Planning

SOUTH DAKOTA

Data Collection/
Information Management: Peggy DeGreef (605) 773-3123 Contracts Auditor

TENNESSEE

AIDS: Michel Kandle (615) 741-1924 MH Program Specialist

Data Collection/
Information Management: Jay Arnold (615) 741-4236 Information Systems
Analyst

Drunk Driving: Jackie Bruce (615) 741-4241 MH Program Specialist

TENNESSEE (con't)

Evaluation: Herb Stone (615) 741-4239
 Homeless: Michel Randle (615) 741-1924

TEXAS

AIDS: Dan Rawlins (512) 463-5510
 Data Collection/
 Information Management: Jane Maxwell (512) 463-5510
 Drunk Driving: Jennifer Moran (512) 463-5510
 Evaluating: Dick Spence (512) 463-5510
 Homeless: Eric Fredlund (512) 463-5510

UTAH

AIDS: Lorraine Furia (801) 538-3939
 Data Collection/
 Information Management: Amanda Singer (801) 538-3939
 Drunk Driving: Alan Sherwood (801) 538-3939
 Evaluation: Alan Sherwood (801) 538-3939
 Homeless: Alan Sherwood (801) 538-3939

VERMONT

AIDS: Alice Gralak (802) 241-2170
 Data Collection/
 Information Management: Jay Calcagni (802) 241-2170
 Drunk Driving: Jim Bellino (802) 241-2170
 Evaluation: Jim Mailly (802) 241-2170
 Homeless: Jim Bellino (802) 241-2170

VIRGINIA

AIDS:

Substance Abuse Program (804) 706-3906
Consultant

Data Collection/ Information Management:

Substance Abuse Program (804) 786-3906
Consultant

Drunk Driving:

Substance Abuse Program (804) 786-3906
Consultant

Evaluation:

Director of Evaluation (804) 786-0070

Homeless:

Substance Abuse Program (804) 786-3906
Consultant

WASHINGTON

AIDS:

Program Manager (206) 753-1272

Data Collection/ Information Management:

Program Manager (206) 753-1275

Drunk Driving:

Program Manager (206) 753-1272

Evaluation:

Supervisor (206) 753-5866

Homeless:

Program Manager (206) 586-4310

WEST VIRGINIA

AIDS:

Program Coordinator (304) 348-2276

Homeless:

Program Coordinator (304) 348-2276

WISCONSIN

AIDS:

AIDS/IV Coordinator (608) 266-7793

Data Collection/ Information Management:

Data Analyst (608) 266-8161

Drunk Driving:

IDP Coordinator (608) 266-8598

Evaluation:

Evaluation Specialist (608) 266-7584

Homeless:

Women & Minorities Specialist (608) 267-7707

WYOMING

AIDS:

J. DeFratis
(307) 777-6494

Director

Data Collection/
Information Management:

J. DeFratis
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APPENDIX E

STATE NARRATIVE REPORTS ON MAJOR UNMET NEEDS

STATE NARRATIVE REPORTS
ON MAJOR UNMET NEEDS

ALASKA:

- o Increased and improved services for intoxicated persons in rural areas has been identified as a major need in Alaska and will require additional staff, funds, and facilities.

ARIZONA:

- o No new, stable, funding for the needed expansion of substance abuse youth. A State task force has just completed a report describing needs and funding estimates, and legislation is being drafted for consideration in the current legislative session.
- o Detoxification facilities, primarily for chronic, indigent alcoholics, have insufficient local support to supplement state funding. Facilities need modernizing and increased medical staff is necessary.

ARKANSAS:

- o Expansion of existing treatment services are necessary:
 - For adolescents;
 - For homeless;
 - To increase treatment "slots."

CALIFORNIA (ALCOHOL):

- o Additional detox beds -- increased staffing and facilities.
- o Additional recovery beds -- increased staffing and facilities.
- o Child care in women's services -- increased staffing, funding, facilities, and training.

CALIFORNIA (DRUG):

- o Residential services to youth need to be increased. ADP is encouraging all California counties to increase the services by increasing facility capacities and opening new programs.

COLORADO:

- o Additional funds to reimburse for expanded detoxification capacity in Colorado Springs.
- o Reimbursement to cover services to family members.
- o Funding for prevention programs to reach all age and special need populations--Asians, elderly, physically handicapped.
- o Funds and training for specialized services for the dually-diagnosed, criminal justice clients and the angry, resistive and dangerous clients.
- o An employee assistance program for workers in the substance abuse field.

CONNECTICUT:

- o Supplemental funding for existing treatment services.
- o Supplemental funding to upgrade compensation of workers in non-profit community agencies.
- o Additional staffing for existing treatment services.
- o Supplemental funding to expand outpatient chemical free services.
- o Supplemental funding to expand residential treatment services.
- o Reimbursement to cover services to family members.

DELAWARE:

- o Residential treatment program for chronic alcoholics (long-term program for approximately six (6) months. Need facility and funds for staffing and other operating expenses.
- o Additional detoxification bed capacity. Need to expand the number of beds and funds for staffing and related operating costs.

DISTRICT OF COLUMBIA:

- o Community opposition continues to delay program development and the expansion outpatient and residential drug treatment slots to meet the level of need.

DISTRICT OF COLUMBIA (con't):

- o The development of program advisory boards to enhance community involvement and acceptance is planned.

FLORIDA:

- o Need repair, renovation and construction of facilities which meet state standards.
- o Need to reduce staff to client ratios.
- o Need to expand treatment capacity.
- o Need resources for women's services
- o Need resources for children's services

GEORGIA:

- o Several groups of people have service needs that have not been adequately addressed by the Regional Plan, and now call for special attention in treatment services.
 - People who return to detoxification programs three to five (3-5) times or more each year have not been successfully engaged in a recovery program following discharge.
 - Women are under-represented in many treatment programs due to the special stigma associated with addiction for women and the isolation women feel in treatment programs where they are few in number.
 - Elderly people are also under-represented in treatment and need the support of their age peers in recovery programs.
 - Adolescents, whose needs are of concern to many Divisions within the Department, still receive fragmented and inadequate services for substance abuse as well as for other problems.
 - Alcohol and drug dependent offenders are in need of the full continuum of treatment services, both within and outside the correctional setting.

GUAM:

- o There are currently two Drug and Alcohol staff in the Department. Given Guam's population and the increasing number of Drug and Alcohol clients seeking treatment, it is obvious that more staff will be needed. The biggest problem lies in the recruitment of qualified personnel, the lack of funding, and the totally inadequate facility currently occupied by the Department.

HAWAII:

- o Adolescent Services - all resources needed.
- o Services for physically, hearing, visual handicapped - all resources needed.
- o Coordination of planning, evaluation and delivery of services - funding for staff.

IDAHO:

- o The closure of the State Hospital North adolescent alcohol/drug program left a major need for the provision of residential treatment specific to the needs of adolescents. There is a lack of funding resources to support a major facility appropriate for statewide utilization and referral. The issue is currently being reviewed by the Department and auxiliary committees for a resolution. There are currently trained staff and programming expertise available. A site location within the State and a building structure appropriate for a treatment facility need to be identified. This priority-need represents a significant increase in the numbers of adolescents entering treatment programs.

ILLINOIS:

- o Increased outpatient and residential treatment services capacity.
- o Increased availability of services for the dually diagnosed (alcohol/drug abuse and mentally ill).
- o Stabilized funding systems and maintenance funding/COLA adjustments.
- o Increased detoxification services capacity.
- o Increased funding for additional positions and salary upgrades.

ILLINOIS (con't):

- o Additional treatment resources for adolescents.
- o Additional treatment capacity to decrease drug/alcohol treatment waiting lists.
- o Prevention funding and coordination of State and Federal initiatives.

IOWA:

- o Additional outpatient and residential treatment beds for adults.
- o Specific juvenile outpatient and residential program.

KANSAS:

- o Major needs include continuum services for indigent youth, completion of regionalized prevention programming and upgrading of existing treatment programs and facilities. Funding is needed to expand the programming, repair or replace facilities, upgrade staff and technology. Legislation is needed for mandatory staff credentialing.

KENTUCKY:

- o Several special populations were identified as needing more intensive treatment and intervention services. Adolescents (detoxification, rehabilitation, transitional), elderly, women, public inebriate, perpetrators and victims of domestic violence are in need of a full continuum of care. Child care services for women clients has been identified as an unmet need. Housing for homeless alcoholics is receiving more attention. Student assistance programs in the public and private school systems are needed. Improved technology in criminal justice assessment and referral is also needed. Financial resources to reach a greater number of the population is needed for both prevention and treatment.

LOUISIANA:

- o Louisiana does not presently have the necessary inpatient and halfway house treatment capabilities to meet the alcohol and drug abuse treatment needs of the adolescents. There are over 1.3 million children and adolescents in Louisiana, but only 40 public beds to care for the number one recognized health hazard to young people - alcoholism and drug abuse. There are no beds to provide extended care for our young people.

MAINE:

- o Expanded services to indigent clients.
- o Adjustments, improvements to the adolescent services system (better training of gatekeepers; more comprehensive assessments, family oriented treatment; and expanded capacity).
- o Gaps: funding/available pool of qualified service providers.

MARYLAND:

- o Staffing supplement for residential cocaine dependency program.
- o Additional methadone maintenance slots.
- o AIDS education/support group for 15 methadone programs.
- o Adolescent and adult ICF beds for the dually diagnosed.
- o Women's recovery house for 15 women and 10 dependent children.
- o One hundred eighty (180) alcohol outpatient counseling slots.
- o Six hundred (600) outpatient counseling slots for chemically dependent adolescents.
- o Two (2) prevention resource centers for western and southern Maryland.

MASSACHUSETTS:

- o Need treatment services for IV needle users. Resources needed are staff, funds, and facilities.
- o Need treatment services for deaf and hard of hearing clients. Resources required are staff, funds, facilities, and technology
- o Need treatment services for physically disabled clients. Resources necessary are staff, funds, and facilities.
- o Need treatment services for the chronically impaired homeless substance abuser. Resource required are staff, funds, and facilities.

MASSACHUSETTS (con't):

- o Need treatment services for women, especially detoxification and mandated care. Resources needed are staff, funds, and facilities.

MINNESOTA:

- o Facilities and methods for providing child care for women in need of treatment.
- o Improved access for women to enter and stay in treatment.
- o AIDS education and training for special population groups (e.g., minorities).
- o Improved coordination and services for mentally ill and chemically dependent population.

MISSOURI:

- o The recent state planning process revealed several major needs across the State. These needs reflect both long-standing and emerging issues:
- o Expansion of services and regional parity: Currently only 34 percent of the target population is being served through Division-funded programs. There is also a great deal of variance in the per capita expenditures for services across regions, ranging from a low of \$2.26 to a high of \$4.48. Funds are needed to increase services statewide and to add services to regions which lag behind others in expenditures.
- o Services to special populations: Services for those needs cannot be met by the Division's standard programs constitute a great concern. Minimum programs for adolescents are needed in two (2) of the six (6) regions. Domiciliary care programs exist in only two (2) of the regions. Services for family members of substance abusers are virtually nonexistent. Programs need to be developed for both the dually-diagnosed and public inebriates. Funds required to develop these services would tend to be greater because of their specialized nature.

MONTANA:

- o Lack of detoxification and inpatient beds for the eastern Montana population (funds).

MONTANA (con't):

- o Lack of transitional living or extended care beds including specific facilities for youth and women targeted to the special needs of women (funds, staff and facilities).
- o Lack of outreach and outpatient services in Montana's rural towns and communities - (funds).
- o Lack of prevention and educational programs for communities, and the networking of existing programs- (funds, staff).
- o Maintenance of existing levels of service with decreasing public funds - (funds).
- o Staff training - (funds, staff).
- o A need for development and expansion of community-based and school-based prevention activities in the rural areas.
- o Expand prevention efforts from schools to parents and other community groups.

NEVADA:

- o The primary need is additional financial resources for state funded treatment providers. Women's transitional beds are completely lacking. There are also insufficient funds for medical detoxification. Combined mental health and alcohol and drug abuse treatment beds are difficult to provide because of medical base and psychiatric component needed.

NEW HAMPSHIRE:

Needs:

- o Detox capability for indigent and non-insured.
- o Increased residential treatment for drug abusers.
- o Programs for single mothers and children.
- o Residential programs for psychiatric and substance abuse problem individuals.
- o Outreach for the elderly.
- o All of the preceding would require additional funding.

NEW HAMPSHIRE (con't):

- o The first need could be met by a cost-sharing mechanism for detox services for the indigent and uninsured. This would involve general hospitals with discrete detox units.
- o The second and third would require facilities and staffing.
- o The fourth would require counselors from the mental health and alcohol and drug disciplines who were cross-trained to work with this unique population.
- o The last would require outreach workers to bring educational information and intervention skills and training to the elderly in their living environment.

NEW JERSEY:

The major programmatic areas in need of substantial funding resources are:

- o Homeless/chronic debilitated alcoholics and drug addicts in need of residential extended care services.
- o Teenage substance abusers in need of primary and residential services.
- o Substance abusers who have an additional simultaneous condition including AIDS, mental illness and hearing loss in need of specialized treatment services.
- o Indigent clients who are unable to pay for treatment services.
- o Enhanced Prevention and Educational services statewide.

NEW MEXICO:

- o Our most pressing needs are clinical evaluations and assessment and tracking for appropriate referral. We feel this type of interagency work is most appropriately handled at the State Agency level. In order for us to provide the instruments, technology, and staff for this project, we must have adequate funding and support services at the Federal level.

NEW YORK (ALCOHOL):

- o The alcoholism service delivery system reaches approximately eight per cent (8%) of the population in need. Almost all existing inpatient and outpatient alcoholism treatment services report excessive waiting time for entry into service. In many communities the most fundamental services do not exist.

NEW YORK (DRUG):

- o As a general rule, there is a greater demand for services in all areas than there are services in place.

NORTH DAKOTA:

- o Agency staff - minimal - need funds and space.
- o Prevention Resource Center - need staff and facility.
- o Programs for special populations - need funds, personnel and facilities.

OHIO:

- o State alcohol funding in Ohio continues to fall dramatically short of the need for services. The current ratio of the annual cost of Ohioans to the annual State funds expended for such services is over 700 to one (1).
- o Ohio continues to experience an increase in the incidence and prevalence of alcoholism and other drug abuse problems, which has resulted in a demand for more prevention, intervention, and treatment services throughout the state. Needs assessments continue to document the demand for alcohol and other drug abuse services.
- o Both public and private schools, from elementary grades through universities, are voicing the need for various alcohol and drug abuse services which include the following: prevention and education programs for students; education programs for parents and family members of high risk and/or drug involve youth; training programs for staff and other personnel (e.g., school bus drivers); and intervention and treatment programs in the community for students and staff already involved with alcohol and other drug abuse problems.
- o Both the adult and juvenile criminal justice systems need a number of services: alcohol and drug abuse screenings and evaluations; short-term intervention in

OHIO (con't):

house treatment services; community-base treatment services and driver interventions programs to serve in lieu of incarceration for persons convicted a drunk driving.

- o A growing number of employers and labor organizations have identified a problem with alcohol and other drug abuse among members of Ohio's workforces and are actively seeking intervention/resolution of the problem. They realize that for those who are employed and have alcohol or other drug abuse problems, a significant economic price is paid in reduced production, increased absenteeism, product waste, accidents, medical costs and disciplinary encounters. In 1984, Ohio established for its 55,000 employees and Employee Assistance Program to address the needs of this group.
- o Providing residential services for indigent or underinsured clients, especially youth, continues to be a problem in all areas of the State. The Bureau's, along with the Governor's Office of Advocacy for Recovery Services and the Governor's Council on Recovery Services, intend to actively explore alternative funding approaches to address this need.

OKLAHOMA:

- o Expand alcohol/drug services to youth

A great majority of adolescents in residential treatment come from families where parents or other family members abuse chemicals. Returning an adolescent to an environment devoid of supportive care increases the risk of relapse. Estimates indicate 50% of persons who complete residential treatment need the supportive environment of a transitional living facility/halfway house rather than return home.

- o Expand and initiate alcohol/drug outpatient and placement services to the general population where these services do not currently exist. These services will allow clients to receive therapeutic and supportive services designed to facilitate re-integration into independent living in the community. These services will reduce re-admission to intensive treatment facilities and result in lower cost.

OKLAHOMA (con't):

- o Expand and initiate alcohol/drug short-term, intensive residential treatment in the Comprehensive Treatment Center to be located in the Western Region. These services shall include non-medical detoxification as well as residential service for the general population.
- o Expand alcohol and other drug services to special populations, including assessment/referral and aftercare services to the Native American population statewide. The Department will place 10 trained counselors at selected Indian Health Services' facilities to provide therapy and networking to facilitate appropriate care for this population.

OREGON:

- o The following programatic areas have need for increased staff capacity, funds, facilities and technologies: Correctional treatment programs, women's treatment program, dual-diagnosis treatment programs, youth-at-risk, particularly with alcohol and drug problems or potential problems.

PENNSYLVANIA:

- o Adolescent treatment services.
- o Adult/adolescent treatment services.
- o AIDS training - there is a core of trainers in the ODAP training system who have gone through the NIDA training program for risk reduction/health promotion. Need to target programs with at-risk populations.

PUERTO RICO:

- o Due the characteristics of the clientele (multiple drug use, diversification in education levels and legal problems) the Agency needs more specialized personnel and physical resources.
- o There is a need of additional funds for prevention to cover the recruitment of additional specialized personnel and to acquire more audiovisual equipment and materials for the design and production of mass media campaigns oriented towards the different group populations.

PUERTO RICO (con't):

- o Funding to maintain current level of funding for the treatment network.
- o Funding to continue operation of residential alcohol treatment services for women.
- o Funding to continue methadone maintenance services targeted at individuals at-risk of contacting AIDS.
- o Cost of living increases.
- o Funding to continue AIDS initiative implemented via ADTR funding.
- o Operating expense for implementing transitional/longterm care program for chronic inebriates.
- o Capital and operating funds for a male adolescent drug treatment program.
- o Funding for Medicaid match.

SOUTH CAROLINA:

- o Funding to provide improved salaries for county alcohol and drug abuse personnel to establish and maintain competitive salary structures.
- o Expanded primary prevention services, including expansion to Teen Institute Program.
- o Additional funding to increase training offerings, treatment consultation capability, and information technology capabilities at the state and county levels.
- o Full staffing of drinking-drivers and school intervention programs.
- o Funding of full implementation of the 1986 Involuntary Commitment Act for Alcoholics and Drug Addicts.

SOUTH DAKOTA:

- o Two (2) governmental bodies have recently affirmed that the correctional system lacks adequate facilities, staff, funding and programmatic expertise to provide the level and nature of chemical dependency services required by inmates of the correctional system who are either chemically dependent or chemically abusive.

TENNESSEE:

- o During FY 86-87, a Four-Year Statewide Comprehensive alcohol and Drug Abuse Plan was developed for prevention, intervention, treatment, training, and evaluation.
- o For children, the plan calls for additional services, including more targeted education programs, family intervention programs and both residential and intensive outpatient treatment services.
- o For adults, the plan recommends additional outreach services, a pilot program for pregnant substance abusers, and increases in slots for residential rehabilitation and intensive outpatient services.

TEXAS:

- o Because of budget decreases in past years, there was a dearth of potential contractors who were readily available to take the ADTR funds and begin to provide treatment quickly. In many areas, totally new programs had to be developed, which caused a 6-10 month lag in providing services.

UTAH:

- o A statewide survey conducted by this Division and local alcohol and drug authorities identified 13,000 youth with moderate to severe alcohol and drug problems in need of treatment. State funds in the amount of \$4.5 million have been requested. Needed services would range from early intervention to residential in specifically designed modalities for a population from ages 10 to 12. No funds for program development have been available for a number of years. In 1987, 1,398 youth were treated in public-funded agencies, most of these were in outpatient environments.

VERMONT:

- o The State needs to develop more focused intervention type groups that would facilitate the entry into treatment of individuals who are early in the course of their addiction. Resources needed include funding and technology.
- o Although the State has developed a residential treatment program for adolescents, we still need to assure that treatment available in less intensive settings. Training is the most need resource.

VIRGINIA:

- o The Virginia Department of MH/MR/SAS is requesting an appropriation of \$18 million during the 1988-90 budget biennium to provide staff and funds for expanding community residential treatment programs and funding for substance abuse screening, intervention, alternatives and diversion programs.

WASHINGTON:

Unfunded needs:

- o The State's alcoholism statutes provide for detoxification and involuntary commitment of alcoholics. We are reasonably funded for meeting part of the need for alcoholics. However, the drug abuse statute does not require drug detoxification nor permit involuntary commitment of drug addicts. Amendments establishing such programs were withdrawn by the legislature during the last legislative session because of the expense of these programs.
- o The primary obstacle is funding. We also need a way to make better estimates of client volume and costs before we develop realistic cost estimates.

WEST VIRGINIA:

- o Expanded specialized services for adolescents, particularly residential treatment.
- o Expanded day treatment programs for adults and adolescents.
- o Expanded outpatient and aftercare services for adults.
- o Improvement of public inebriate shelter services system.
- o Sufficient increase in funds would provide staff and facilities to develop the above.

WISCONSIN: -

- o Child care for women seeking treatment.
- o AIDS prevention for IV drug use.
- o Services to underserved populations, i.e., minorities, women, and physically disabled.
- o Services for high risk youth.

WYOMING:

- o The State continues to have inadequate programs of adult and adolescent primary residential treatment. In order to improve this area, we need additional funds, staff and facilities.

APPENDIX F

STATE NARRATIVE REPORTS
OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1987

STATE NARRATIVE REPORTS
OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1987

ALABAMA:

- o Outpatient and day treatment services were significantly expanded due to the receipt of the ADTR Part C funds. The number of outpatient alcohol clients seen in the 4th quarter of FY 87 was 51% higher than in the 1st quarter. Almost 350 more persons were treated. Drug outpatient services saw a jump of 14% (120 more drug clients were treated). For substance abuse day treatment, the increase from the 1st to the 4th quarter was 177%. There were 100 persons receiving this service at the end of the year compared to only 36 at the beginning of the year.

ALASKA:

- o Alaska is in the process of increasing its capacity for prevention and treatment services for youth.
- o Decreased funding for enforcement has resulted in fewer DWI arrests and convictions and fewer persons entering the treatment system as a result of a DWI conviction.

ARIZONA:

- o In FY 87, detoxification facilities, primarily serving alcoholics, were urged through licensing reviews to strengthen the medical screening and response to their programs; this pressure brought requests for increased funding that was difficult to comply with.
- o New DWI legislation requiring that fines be assessed specifically for evaluation and treatment was passed; regulations were prepared; the impact of the unknown number of new referrals from the courts has not yet been felt; only limited assessments have been forwarded to the Department to date.
- o Cocaine was stated as the reason treatment was sought by 14.3% of all clients served by state-supported facilities in FY 86; by the end of FY 87 that figure was 20%.
- o Heroin, non-prescription methadone, and other opiates accounted for approximately 32% of all clients seen for treatment in FY 86; in FY 87, that figure rose to 36%.

ARKANSAS:

- o Provision of Statewide Drug Detoxification Services on a direct (a part of the SSA) rather than on a contracted (purchased) basis. Reason - Economically more efficient to expand upon existing alcohol detoxification services.
- o Provision of a statewide network of Chemical-Free Living Centers offering services to Homeless Recovering Alcohol and Other Drug Abusers made possible by the Alcohol and Drug Abuse Treatment and Rehabilitation (ADTR) Block Grant.

CALIFORNIA (ALCOHOL):

- o No significant changes in FY 1986/87.

CALIFORNIA (DRUG):

- o Methadone emergency regulations have been established to ease the admission criteria and get more IV-drug users into treatment to help prevent the spread of AIDS.
- o There has been an expansion of prevention services with youth drug prevention a priority.
- o The use of cocaine and its derivative, crack, has increased in California. When this increase began, many drug programs were not equipped to deal with this type of drug abuse; and programs now have the ability to counsel cocaine addicts.

COLORADO:

- o The new Colorado Governor instituted a major substance abuse initiative called Communities for a Drug Free Colorado. The effort emphasizes local planning and action and a partnership with the private sector.
- o The major occurrence of cocaine abuse both in treatment admissions and emergency room mentions continues.
- o Emergency room mentions of heroine increased.
- o Data that indicates the possible diversion and misuse of Schedule II Controlled substance showed a decreasing trend over the last 3 years.

CONNECTICUT:

- o Transfer of three major public inpatient alcohol and drug treatment programs from the Department of Mental Health to the Connecticut Alcohol and Drug Abuse Commission.
- o Implementation of a new long term care program for the chronic alcoholic, modelled after an existing state program, designed to reduce the inappropriate use of more costly services.
- o Increase in the availability of services to the IV drug user through the establishment of additional methadone clinics in areas where programs previously did not exist and through the expansion of current capacities. This program expansion was implemented to impact the AIDS problem.

DELAWARE:

- o Services increased to drug abusers, versus individuals with alcohol abuse problems. Reason: Individuals with primary problem at admission of drug abuse increased from 18 to 34% of total admissions from FY 1986 to FY 1987 (with a corresponding decrease of alcohol admissions from 82% to 66% from FY 1986 to FY 1987).

DISTRICT OF COLUMBIA:

- o Office of AIDS Activity established; budget for AIDS prevention up 109%.
- o Appropriated budget for Alcohol and Drug Services up 13%.
- o Drug Abuse Trends:
 - increase in use of cocaine and PCP.
 - juvenile arrests (drug charges) up 49%.
 - escalating rate of drug related homicides.
 - criminal justice drug admissions up to 58% of total admissions.

FLORIDA:

- o Increased public and governmental attention to alcohol and drug abuse issues due to crack cocaine use and increase of intravenous drug abuse related AIDS.

GEORGIA:

- o Continued implementation of statewide and regional plan in 4th, 5th and 6th of 8 regions of the state. Two remaining regions will implement plan in FY'88. Plan involves development of community-based detox, 28-day, and long term residential services for substance abusers.

GUAM:

- o A separate Drug and Alcohol Unit was established in FY 1987. There are two (2) D&A therapists assigned to this Unit whose responsibilities include prevention and treatment of drug and alcohol abusers. Currently, we have an alcohol program similar to AA which meets once a week. There is increased intoxicated driver enforcement by the Guam Police Department.

IDAHO:

- o There has been an increase in women admitting voluntarily for detox and residential services as primary clients. The increase reflects additional services and program focus on women's issues in treatment. With the lead roles assumed by Betty Ford and Nancy Reagan, there is less stigmatism perceived by women in recovery. Younger adults and teenagers are entering treatment centers voluntarily both for detoxification and to request assistance and referral information. Younger adults are perceived by treatment staff as being more knowledgeable concerning alcoholism and the disease process.
- o Outpatient treatment staff report an increase in young, working women (ages 19 through mid-30's) using amphetamines and cocaine intravenously. Adolescents are being assessed and referred into treatment at younger ages. Referrals are originating from a broader base of health care professionals including school teachers and social service agencies. School based peer-support groups and family-oriented programs for teen-in-recovery have been developed.
- o All treatment components report an increase in numbers of drug clients using cocaine and amphetamines as primary drugs of choice. There has been an increase in requests for written material, training films and in-service staff training on AIDS. An AIDS Task Force is being developed to coordinate planning on a statewide basis.

ILLINOIS:

- o A significant increase in the percentage of drug treatment admissions whose route of administration was intravenous (IV) (69% of all drug admissions). This included a significant number of IV cocaine users.
- o There was a major increase in the number of alcohol outpatient admissions, indicating increased pressures on the system's ability to provide treatment services. (48% increase over Fiscal Year 86 Alcohol outpatient).
- o There were 4500 DUI referrals during the first six months of 1986 following enactment of new DUI legislation (6% of total alcohol admissions).

IOWA:

- o Increase in individuals admitted for primary treatment of cocaine (more arrests for cocaine).
- o Increase in females seeking treatment (no apparent reason).
- o More programs setting up intensive outpatient treatment programs (need to treat clients on an outpatient basis).

KANSAS:

- o Implementation of comprehensive regionalized prevention programming was implemented based on state-of-the-art research and planning. Admissions to treatment increased 26% due to proliferation of private treatment programs, increased emphasis on outpatient programming, new State funded programs, and public awareness.

KENTUCKY:

- o In state Fiscal Year 1987 Kentucky experienced a \$158,400 reduction in federal funds. Fortunately, the General Assembly increase state funds by \$757,700 for a net increase of \$599,300. With these funds 700 additional drug clients and 1,300 additional alcohol clients were admitted by contracted providers in Fiscal Year 1987 over Fiscal Year 1986 levels to a 12% increase). There was a 50% increase in youth admissions from Fiscal Year 1986 to Fiscal Year 1987.
- o During Fiscal Year 1987 Governor Martha Layne Collins initiated the Champions Against Drugs program to establish community based prevention in 17 geographic regions in Kentucky. Each region has a regional action group led by concerned citizens. Each group networks

KENTUCKY (con't):

with community resources, planning and initiating prevention programs. The Teen Leadership Conference was a major initiative support by the Champions Against Drugs organization.

LOUISIANA:

- o Have modified outpatient treatment services to provide a stronger treatment component and to conform to new federal funding criteria.
- o Initiate additional focus on women's services in compliance with ADAMHS Block Grant - Part B.

MAINE:

- o Planned service expansion (result of new treatment Block Grant) in the following areas:
 - Shelter/detox Region III
 - Day Treatment
 - Outpatient, Region II
 - Better financing for residential programs
- o WIP at DEEP for Multiple Offenders as a result of study of service needs by OUI Committee, HSDI, legislature studies and DEEP staff recognition of service gap.
- o Increased cooperative/collaborative efforts with other Departments, including the following State agencies:
 - Housing Authority
 - Medical Services
 - ADPC members
 - Public Safety
 - General Assistance
- o Collaborative/cooperative efforts have been undertaken because of increased awareness by others of the problem and efforts to establish strong ties. The result has been expanded application of other resources to the needs of clients served by field

MARYLAND:

- o Significant expansion of AIDS street outreach and prevention program targeted at IV and other substance abusers.
- o Expansion of adolescent residential ICF and group home beds.

MARYLAND (con't):

- o Established 150 slot intensive outpatient counseling program for PCP abusers.
- o Expanded rapid medical intake capacity for admission of IV drug abusers in Baltimore City.
- o Established drug/alcohol education/prevention program in Baltimore City jail.

MASSACHUSETTS:

- o The Divisions continued their merger process of drug and alcohol services through a statewide RFP.
- o Both methadone services and drug free services targeting needle users are increasing due to the spread of AIDS.
- o Our network of first offender drunk driver programs was intensified from an eight week educational model to a twenty week counseling model.

MINNESOTA:

- o Gearing up training systems development for consolidated CD Treatment Fund (placed all public treatment money in one fund under new "competitive" model).
- o Implementation of statewide assessment and referral criteria for all public clients.
- o More training and attention to AIDS.

MISSOURI:

- o Statutes enacted in 1987 require state certified alcohol and drug education programs for minors convicted of the possession or use of alcohol or drugs. Similar programs are required for first offenders of small amounts of marijuana. A statewide system of such educational programs will be implemented in 1988.
- o Adopted School/Community Team training model as result of funds available from Anti-Drug Abuse Act of 1987.

MONTANA:

- o Strong emphasis within programs to provide services to Adult Children of Alcoholics.

MONTANA (con't):

- o Increase in prevention efforts because of the passage of the Anti-Drug Act of 1986.
- o Increase in DUI court school admissions - increased efforts of law enforcement and judges.
- o Continued decline in ear marked tax revenue which is Montana's primary source of public funding for treatment programs due to declining sale of liquor, beer and wine - increased awareness, prevention efforts, DUI laws, increase in legal drinking age, etc. This would have resulted in elimination of some services if not for increases in service revenue collections and federal funds.
- o Increased cooperation between agencies for the provision of prevention services (e.g., treatment programs, law enforcement, educational system) because of a better understanding of use and abuse.

NEVADA:

- o In 1987 there was some consolidation of services. This occurred through mergers of community based grantees and grantees trading services in order to specialize in a particular modality. Certification standards were improved to provide for required continuing education credits for certification and also authority for the assessment of fees to help cover the costs of certification. A legislative task force was formed to study assessment of DUI offenders. The continued increase of the incidence of AIDS in the IV drug community has caused a statewide effort to provide education to the drug using population in the State. Increased attention to K-4 prevention activities are being developed to respond to the public demand for earlier education of our children.

NEW HAMPSHIRE:

- o Cocaine use in New Hampshire did slow in growth but had become so pronounced that a sizable problem still presents itself. Alcohol though returned to a dominant role on the New Hampshire scene as many abusers turn to it. Marijuana remains ever present and when all the other drugs available are put together they present a problem as difficult as the aforementioned three.

NEW HAMPSHIRE (con't):

- o Increased training opportunities provided for staff at Alcohol and Drug treatment facilities on the issue of HIV, risk assessment counseling and testing, and health promotion (due to HIV infection grant from Public Health).
- o Increased outreach to and treatment services for women made possible through increased funding from State which allowed different focus with block grant monies.
- o Increased services to youth within the school systems through placement of two Student Assistance Specialists in outpatient settings (increase in State funding).
- o Expanding of part-time crisis intervention services to 24-hour sobriety maintenance programming.

NEW JERSEY:

- o Services for AIDS prevention and education have expanded;
 - Five Task Forces are formed and functioning;
 - 758,256 pieces of materials have been distributed;
 - Approximately 211 lectures and presentations have been given;
 - 4,334 calls have been logged from the AIDS hotline and coverage has been extended to include the hours of 4:30 to 8:30 p.m.;
 - Providers of all types of services have been targeted;
 - Added 100 youth alcohol and drug treatment residential beds.

NEW MEXICO:

- o There has been a significant increase of treatment services to children (under 18 years of age), (in alcohol this has increased by 100%). We have expanded our prevention services by approximately 10%. New Mexico has seen an alarming increase in the use of Mexican brown heroin (at varying concentrations or purity) causing many overdoses. This is a new problem caused by relatively low drug cost and geographic proximity.

NEW YORK (ALCOHOL):

- o Legislation was enacted that granted Medicaid provider status to non-hospital based inpatient alcoholism treatment agencies which allows them to collect from Medicaid clients. Also, this legislation established the rate setting authority for the Division.
- o The 1987 Update to the Division's Comprehensive Five-Year Plan was concerned with three major areas: Planning, Research and Professional Development. Planning describes the services conducted by the Division to define the components of the model alcoholism service delivery systems, interrelationships between the components, and the "flow" of clients through the treatment system. Research presents a conceptual framework for future directions in research and identifying specific areas for investigation. Professional Development describes the process for ensuring an adequate supply of trained, qualified health professionals for the service delivery system and to increase the number of trained human service professionals who are capable of identifying, intervening and/or diagnosing alcoholic persons.

NEW YORK (DRUG):

- o The intensified spread of crack and cocaine, along with the growing AIDS crisis, have placed an unprecedented strain upon the already overburdened system of treatment and prevention services across the State and particularly in the City of New York.

NORTH DAKOTA:

- o Federal funding to this Agency and other state agencies as a result of the Omnibus Act of 1986 resulted in cooperative approach to prevention and treatment.
- o Planning for the establishment of one Prevention Resource Center was accomplished in FY 87. Center to open June 1988.

OHIO:

- o The significant change in 1987 in Ohio was the increase in DWI funds as the result of new legislation passed in the last Ohio General Assembly. The new legislation essentially provides for persons convicted under municipal statute for DWI to pay \$75 for a license reinstatement fee. The funds, however, will not be received until state fiscal year 1988. Also, the new federal emergency funds for alcohol and drug abuse (P.L. 99-570) have impacted upon programming. Again

OHIO (con't):

since these funds were received late in FY 87, funds will be allocated in FY 88. Ohio continues to see a steady decline in liquor revenues, and this will in turn impact on our ability to maintain existing services, especially since Federal funds are earmarked for expanding services and are not to be used to supplant any state or local reductions in funding.

- o Also, the Ohio Department of Health received an award from the U.S. Department of Education in April of 1987 (the Drug-Free Schools and Communities Act of 1986) to be administered by the Bureau of Drug Abuse (ODMH) and the Bureau on Alcohol Abuse and Alcoholism Recovery (ODH). This award enables the State of Ohio to provide funding in the area of prevention and education activities. (1) High-Risk Youth Prevention Demonstration Programs; (2) Department of Youth Services Intervention and Referral Programs; (3) Ohio Training Center for Schools and Communities, and (4) VISTA Volunteer Teenager Institute Coordinators. Because of the slow start-up process that usually accompanies a sudden influx of funds, the largest share of these dollars will be allocated in State Fiscal Year 1989. The Department of Youth Services, however, has begun utilizing most of their funding in State Fiscal year 1988.

OKLAHOMA:

- o There is a growing awareness of the impact of alcohol and other drugs on the mentally ill. There is a concurrent awareness developing on the issue of alcohol/drug clients having other disorders in depression, anxiety etc. A State wide training program is scheduled to meet these needs and help providers expand their own parameters.

OREGON:

- o Significantly increased coordination between all state agencies has taken place with considerable joint programming.
- o The state initiated a statewide prevention resource center.
- o Adolescent prevention, intervention, and treatment services have been extensively increased.
- o Planning for alcohol and drug abuse correctional treatment programs has occurred with implementation projected for 1988.

OREGON (con't):

- o Increased use of Title XIX Medicaid has been initiated in the treatment system.
- o Mandatory server intervention programming has occurred under auspices of Oregon Liquor Control Commission.
- o AIDS outreach program has been initiated targeted at IV drug users in four largest counties.
- o Significant increase in supplies of cocaine and methamphetamine are causing problems throughout human service systems.

PENNSYLVANIA:

- o Mandatory Alcohol Insurance (Act 64 of 1985)
- o "Here's Looking at You 2000"

PUERTO RICO:

- o Design and implementation of a Mobile Clinics Project as a new modality for serving clientele who live in places with high incidence of drug addiction, alcoholism and criminality. These types of addicts and alcoholics never ask for treatment services through direct appointments due to their lack of motivation, and treatment must be made more readily accessible.

RHODE ISLAND:

- o Intensive lobbying in FY'87 led to the passage of legislation requiring substance abuse health insurance coverage for various treatment services (effective 1/88).
- o There has been some initial activity in response to the AIDS crisis, (e.g., establishment of alternate test sites for IV drug users, expanded methadone maintenance services, outpatient methadone detox.). Further efforts were initiated at the beginning of FY'88 with the allocation of ADTR funds to AIDS initiatives--impact will be realized in current fiscal year.
- o Rhode Island has seen a sharp increase in use of heroin and crack--funding has been requested to address specialized treatment needs, prevention and AIDS programs related to these drugs.
- o A Student Assistance Program has been implemented in various communities as a result of funding realized from prevention legislation passed the previous year.

RHODE ISLAND (con't):

- o ADTR funding has allowed for initiation of a number of new programs throughout the state.
- o The State continues to experience problems with recruitment and retention of quality staff (both on state and community level) as a result of inadequate funds for personnel costs.

SOUTH CAROLINA:

- o During FY 87, total alcohol and drug admissions to county programs increased by 12% principal increases were for alcohol problems (13%) and cocaine (89%); there were declines in admissions for heroin (10%) and marijuana (24%). Programmatically, increases were greatest among outpatient (26%), EAP (24%), detoxification (13%), and drinking-driver (11%) admissions. Service hours increased by 19%, and detoxification days by 21%.
- o Increased services were made possible by increased funding for adolescent counselors, additional inpatient beds for adolescents, increased funding for implementation of a revised involuntary commitment law, and designated funding for counseling positions for women's services. The revised Involuntary Commitment Law has resulted in increased utilization of inpatient beds for involuntarily committed patients, increase utilization of detoxification services, the establishment of intensive outpatient programs in nine locations, and additional counselor positions to serve involuntary commitment cases.

SOUTH DAKOTA:

- o The most significant change in the alcohol and drug prevention and treatment services delivered within the state during FY 87 were those made possible by the receipt of the emergency treatment supplement to the ADMS Block Grant. To date those funds have been used primarily to support an increased structured, intensive outpatient program capacity throughout the State, to expand outreach efforts for special populations, and to participate in the funding necessary to initiate a women's halfway house.

TENNESSEE:

o Treatment

- The Anti-Drug Abuse Act of 1986 provided three (3) additional adolescent residential treatment programs (20 beds each) to a total of six (6) programs (115 beds).
- Two (2) additional adolescent day treatment programs (12 slots each) for a total of four (4) programs (54 slots).

o TDMHMR Custody

- Effective January 1, 1987, the Department began receiving custody of adolescents requiring treatment, and care for mental/emotional illness, mental retardation and/or alcohol and drug dependency.
- Juvenile Justice youth needing services provided by the Department are priority for placements in our treatment programs.
- The Division has designed the first comprehensive alcohol and drug program for the Department of Correction.
- There are eight (8) pilot projects for intensive outpatient programming: Five (5) for women and three (3) "traditional" outpatient setting.
- Funding a pilot minority program to provide alcohol and drug education and referral information to difficult to reach minority population.
- Additional early intervention programs as a result of the Drug Free Schools and Community Act.
- Increased efforts in integrating prevention services between the Division of Alcohol and Drug Abuse Services, Department of Education and law enforcement.

TEXAS:

- o During Fiscal Year 1987, we began to see an increase in heroin addicts seeking treatment as a result of the "Block Tar" heroin coming in from Mexico. Admissions for crack also increased, which reflects the spread of crack into Texas. The use of crack by Blacks has increased most noticeably.

UTAH:

- o Major changes have been evident in the number and types of agencies funded by Anti-Drug Abuse Act of 1986. Greater coordination occurs at the local level which needs also to be carried out at the State level. AIDS has impacted service in the urban areas where cases represent 17% of 91 total cases in the state. Need for staff training and policy development occurs as AIDS crises emerge, primarily in urban street drug user clinics.
- o Funding reductions by the State has forced local programs to cut back on services; increased enforcement of driving-under-the-influence program increases court referrals for treatment. Women's services expansion has been limited particularly in rural areas. Voluntary groups, particularly the Utah Federation for Drug Free Youth, have expanded into a viable, strong State network with a more recent positive move to coordinate with existing State and county systems. A two-year expansion effort in school based K-12 alcohol and drug programs and community prevention projects resulted in new identification of youth treatment needs which remain the first priority for program development.

VERMONT:

- o In FY 87 the State began implementing a new funding system for treatment services. Historically, funds had always been used to support programs with outpatient and residential treatment capacities. With the new system, 75% of the funds appropriated for treatment must be used to fund services for eligible clients. An eligible client is any person in need who does not have insurance or Medicaid coverage. The remaining 25% will be directed at supporting programs for special populations, e.g., women, youth, corrections clients, etc. There was a significant decrease in the number of people participating in and completing drinking driver rehabilitation programs. The reason for this change are being investigated.

VIRGINIA:

- o Establishment of five new prevention and intervention programs in Virginia via funding from the Office of Juvenile Justice and Delinquency Prevention, through Virginia's Department of Criminal Justice Services.

VIRGINIA (con't):

- o Increased emphasis on training and treatment related to the mentally ill/substance abusing dually diagnosed population in Virginia.

WASHINGTON:

- o The State implemented landmark legislature, the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA). The purpose of the Act was twofold; a) to halt the rapid increase in the number of alcoholics and addicts being enrolled in the State's relatively generous welfare program and b) provide rehabilitative treatment (or shelter, where treatment is rejected) for the eligible indigent willing to enroll in the treatment and shelter program.
- o In July 1987, 6,500 alcoholics and addicts were receiving welfare checks. To date, approximately 2,000 have accepted treatment and 200 have been placed in shelters. Only 1,500 are still receiving welfare and these will be converted to the treatment and shelter program by July 1988.
- o The State legislature provided \$25.6 million of former welfare funds to the alcohol and drug program to pay for client assessment, treatment and shelter.

WEST VIRGINIA:

- o Services to adolescents have been expanded through the placement of specialized staff in the various service regions of the State. An Adolescent Services Plan has been developed, and a Resource Manual distributed statewide.
- o Prevention/early intervention services were intensified through participation in the "Be Smart! Don't Start!" prevention campaign.

WYOMING:

- o Funding reductions have curtailed some services resulting in development of "waiting lists" and reduction in service availability.
- o Adolescent service needs have become a high priority due to the awareness generated by the Anti-Drug Abuse Act of 1986.
- o Wyoming's economic situation has experienced numerous setbacks in recent years - resulting in funding reductions across all service areas.